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# ***JPRS Report***

# **Epidemiology**

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# Epidemiology

JPRS-TEP-88-003

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## BAHAMAS

### Government Reports on Steps Taken To Control Malaria

[Article by Anthony Forbes]

54400023b Nassau *THE TRIBUNE* in English  
3 Dec 87 p 1

[Excerpt] The Ministry of Health has stepped up spraying of specific areas of New Providence to ensure that malaria-carrying mosquitos are kept under control.

Addressing the House of Assembly last night, Health Minister Dr Norman Gay said that to this point there is no case of internal spread of malaria in the Bahamas.

Four cases of malaria were reported within the last 10 days at the Princess Margaret Hospital. It is understood that two other patients are suspected of having the disease.

It is reported that all the cases are Haitians who have recently arrived in the Bahamas.

A professional adviser said yesterday that this was nothing unusual and nothing for the public to be concerned about.

Malaria is a fever caused by the bite of a mosquito.

Dr Gay told the House that vector control (the control of insects, rodents and animals that could spread disease) is a part of the Environmental Sanitation and Consumer Protection Division of the Ministry of Health.

Singling out mosquitoes in particular, he said that three years ago the Ministry's index for mosquito control was somewhere around 37 per cent. Two years ago, he said, it was brought down to 19 per cent and this year it is at 10 per cent "which minimises the risk should we have the introduction of a vector spread infectitious disease such as malaria."

The public, he said, was notified through the newspaper and radio since Friday when the Ministry stepped up the spraying of specific areas "to ensure that vectors, particularly the anopheles (mosquito) would be kept under control."

"Every year we have incidences of malaria brought into this country and this year it's going to be absolutely no exception," said Dr Gay. "We're having waves of persons and we can anticipate that we will have waves of people who come in from the malaria infected areas.

"But we have had no case of internal spread of (malaria), thank the good Lord, to this point.

"We are aware that particularly with the deteriorating health conditions in our neighbour to the south we can anticipate the almost inevitability of this occurrence," said Dr Gay.

08309

### New AIDS Cases Here Include Foreigners, Children

54400023a Nassau *THE TRIBUNE* in English  
10 Nov 87 p 1

[Text] Seventy-seven new cases of acquired immune deficiency syndrome (AIDS) have been confirmed in the Bahamas since January this year, Chief Medical Officer Dr Vernell T. Allen said.

Of that number, 44 are Bahamians and 33 are non-Bahamians. That figure also included 14 children under the age of five years.

Dr Allen who is chairperson of the standing committee for the prevention and control of AIDS said that since reporting began in August 1985, 163 cases of AIDS were discovered in the Bahamas. Of that number, she said, 81 patients have died.

Epidemiologist Dr Ken Barco of Community Health Services, said that through testings carried out at the Princess Margaret Hospital, 254 carriers of the AIDS virus were discovered.

The epidemiology and research subcommittee, said Dr Barco, is currently following the AIDS epidemic very closely, documenting detailed information on all AIDS patients and healthy carriers of the AIDS virus.

"This would help us define the epidemiology of the disease in the Bahamas and also help us predict its future course in this country," said Dr Barco.

He noted that while in the United States AIDS affects predominately males with a male to female ratio of 14 to 1. In the Bahamas there is a male to female ratio of approximately 2 to 1.

"However, if we examine the male/female ratio among the healthy carriers," he said, "one can predict that with a ratio of 1:1.2 we would be seeing nearly equal proportions of male and females afflicted with the disease."

The question that is commonly asked said Dr Barco is: "How many people are infected with the AIDS virus in the Bahamas?"

"This is a difficult question to answer. The only way to be absolutely certain is to test everyone, an impractical approach.

"Our best estimate is arrived at by looking at the seropositivity rate among blood donors. Between January 1986 and September 1987, a total of 5,724 blood donors were screened. Of these, 29 were found to be infected.

08309

## BANGLADESH

### WHO Requests Drug List Reduction

54004706 Islamabad *THE MUSLIM in English*  
22 Dec 87 pp 1, 8

[Article by Tariq Butt]

[Text] Islamabad, Dec 21—The World Health Organisation has provided to the Health Ministry a comprehensive guideline to help it drastically cut down the huge number of drugs, which now stands at nearly 10,000.

A four-member WHO team recently held extensive talks with the Health officials for about one week to explain to the government how it can reduce the number of medicines.

The team had long discussions with medical experts as well to know their opinion about the issue. Official sources said it approved a list of about 260 medicines for the benefit of the ailing people of Pakistan.

Pakistan is perhaps the only country which has such a big number of drugs. In advanced countries and even in some Third World nations, the drugs are restricted to merely a couple of hundreds.

Experts say this will help medical practitioners in prescribing an exact drug for a specific disease. So far, confusion seems to be prevailing in some hospitals where the doctors recommend medicines not included in the printed formulary.

The officials pointed out that there was a great difficulty in reducing the number of drugs because of immense pressure from influential locals as well as multinational manufacturers.

Besides, the Federal and Provincial hospitals maintain different formularies, making the task more difficult. The officials said the Health Ministry had now provided the guideline prepared by the WHO to the provinces for their opinion so that a uniform formulary might be chalked out.

They conceded that it would be too difficult to persuade the pharmaceutical firms to curtail the number of medicines and produce what was in the formulary. But when all the government hospitals, which are the biggest consumers of drugs, start adhering to a specific formulary, the number of medicines will automatically come

down and the producers will be forced to manufacture what is in demand, they thought. Drugs costing millions of rupees are distributed among patients by the government hospitals every year.

The huge number of drugs manufactured by the local as well as some multinational companies has created many problems, it is pointed out. This has given rise to the proliferation of substandard and fake medicines.

The government has in the past cracked on such producers and awarded them stern punishment, at times resulting in deregistration of such medicines. Some factories were also closed down for some time.

Additionally, many one and the same drugs are available in many different shapes. The WHO, the official said, had recommended that similar medicines should be restricted to a couple of forms given a particular title.

Currently, multitudes of pharmaceutical firms are producing many similar medicines in a huge quantity. They are given different names though.

The officials said medical specialists and physicians favoured that the existing number of medicines should be reduced drastically.

/06662

### Epidemic of Diarrhea, Dysentery in Brahmanbaria

54500071 Dhaka *THE NEW NATION in English* 4 Dec 87 p 2

[Text] Brahmanbaria, Dec 2: At least 67 persons died of diarrhea and dysentery and more than 4,000 others were attacked with the diseases during the last two and half months in Brahmanbaria district.

Concerned district officials, however, confirmed the death of 55 persons.

The affected upazilas are: Brahmanbaria Sadar, Sarail, Nasirnagar, Nabinagar, Kasba, Akhaura and Burichang upazila. A total of 40 medical teams have been formed to combat the diseases.

1500 suffer from lathyrism

Our Chuadanga Correspondent adds: At least 1,500 persons have been suffering from lathyrism and polymyolitis in Kushtia, Chuadanga and Meherpur districts.

Many people both in urban and rural areas of the districts have fallen prey to the diseases due to consumption of a certain kind of pulse locally known as "Khesari."

The people of low income group are the victims of the diseases as they cannot afford other pulses due to exorbitant rate.

07310

### **Paper Says Diarrheal Diseases Gaining Foothold**

54500072 Dhaka *THE NEW NATION in English* 7 Dec 87 p 5

[Text] Reports of outbreak of diarrhea are coming from many parts of the country. A number of people have reportedly died in Madaripur, Shariatpur, Manikganj and interior of Dhaka district. Diarrhea is a recurrent malady in its outbreak in some regions or the other is almost a non-event but for the human lives it claims. And equally familiar and routine is the administrative response that the diarrhea provokes: Saline, injection, purification tablets and, in serious cases, dispatch of medical teams. As immediate and short-term response these are alright. These ad hoc arrangements have contained the damage but have not prevented the outbreak. A comprehensive programme aimed at overall improvement of public health should be taken up as a lasting solution to such periodic menaces. The attack on diarrheal diseases should be both preventive and curative. If diarrhea is claiming lives even in this driest and the most salubrious of seasons it means the disease is gaining new foothold. Commonly diarrhea breaks out in monsoon. Secondly, "diarrheal disease" is often the health administrator's euphemism for cloaking cholera. Concealment can keep the people ignorant but it cannot keep the disease inactive. Health authorities should come out with greater glasnost on the matter. The taxpayer has a right not to be eluded.

Outbreak of diarrhea is as much a medical problem as an administrative one. Health officials should be made accountable for the lapses of community hygiene in their areas. At the same time the local administration and community leadership should do everything possible to provide pure drinking water to the populace.

07310

### **Editorial Notes 'Serious Menace' of Tuberculosis**

54500068 Dhaka *THE NEW NATION in English* 18 Nov 87 p 5

[Text] Tuberculosis continues to be a serious health menace in the country. Though the affliction is no longer lethal, treatment is expensive and time consuming and medical facilities too inadequate. Consequently, tuberculosis remains a major killer. Although great advancements have been made abroad in recent decades in the treatment and prevention of tuberculosis, the spread of the disease in this country could not yet be contained.

Malnutrition and poor hygiene are no doubt predisposing factors causing the disease. Once it was thought that tuberculosis was more endemic in industrial ghettos and crowded towns and that the rural population was less vulnerable. With the falling nutritional standard of the rural people the situation is no longer so and villages are as much vulnerable to this chronic and devitalising ailment as the towns.

Recent advances in medicine have further improved the prognosis of TB patients. More effective drugs have been introduced and duration of treatment has been shortened. Even then many among the poorer patients are unable to follow the drug and diet regimen over the required period and abandon treatment midway. Late diagnosis and mishandling by quacks are sometimes responsible for complication of the disease.

Tuberculosis represents a priority area in our public health programme and this fact should be reflected in budgetary allocation and expansion of treatment facilities. The number of hospital beds available for TB patients has an added relevance in view of the fact that prolonged hospitalization is sometimes required in severer cases. Dearth of facilities for hospitalization and treatment of tuberculosis patients is being reported from different regions of the country. According to a report carried by *THE NEW NATION* yesterday, 1.5 lakh people are suffering from tuberculosis in 16 districts of Rajshahi division for whom treatment facilities are poor. The existing TB clinics and hospitals in the region can admit no more than 500 patients. The picture, by and large, can be said to be characteristic of the country as a whole.

With larger allocation, expanded facilities and sustained efforts tuberculosis can be controlled. Only after dealing with our biggest health problems like TB can we make credible our efforts to attain health for all.

07310

### **Chittagong Babies Die of Mystery Disease**

54500073 Dhaka *THE BANGLADESH OBSERVER in English* 10 Dec 87 pp 1, 8

[Text] Chittagong, Dec 9: More than 100 infants died of a strange disease locally called Anura over the past one month in Chittagong and Cox's Bazar districts.

The disease mostly caused by renal failure broke out in an epidemic form in these two districts.

The infants particularly of low-income group families are suffering from anuri disease. In an average seven to nine patients are being admitted to the Chittagong Medical College Hospital every day. So is the case with Cox's Bazar Sadar Hospital. Most of these patients are released from the hospitals without being cured, the hospital sources said.



According to Chittagong Medical College Hospital, about 40 such patients had been referred to the P.G. Hospital for diagnosis of the disease in the past three months, but no concrete diagnosis could be made.

According to physicians, the symptoms of 'Anura' are sudden high fever, discharge of fluid from the body through diarrhoea. All these symptoms cause renal failure of the patients.

One senior physician of paediatric ward of the Chittagong Medical College Hospital in an interview with this correspondent said that most of these patients belong to the poor families of rural and slum areas. He also said that few patients were referred to the Chittagong Medical College Hospital from Dulhazara Christian Hospital of Cox's Bazar district. He claimed that the spread of this disease assumed an alarming proportion.

Prof. Shahdat Hossain, head of the paediatric department of CMCH disclosed that this disease to his knowledge claimed 37 lives. Prof. Hossain claimed that this disease was not found in any other country. Prof. Hossain emphasised the need for a thorough research on the disease for proper diagnosis.

The Chittagong Medical College undertook sample survey through questionnaire to find out the cause of this disease.

07310

### Shortcomings in Hospital Management Scored

54500074 Dhaka THE BANGLADESH OBSERVER in English 13 Dec 87 p 5

[Text] We have been receiving in the last few months a stream of complaints about the administration of state-run hospitals which are serious enough to deserve public airing. Those who write are either ex-patients or visitors, and considering the degree of unanimity their views reflect the allegations cannot be dismissed as baseless or maliciously motivated. We consider it our duty as an organ of public opinion to take note of what is being said and to urge the authorities concerned to make what enquiries are necessary.

The allegations fall into two kinds, but both point to a general slackness in the way the hospitals are run. It is said that graft and bribery are so rampant among certain classes of staff that it is impossible to get past them to the doctors without repayment. Visitors are frequently, and in some cases, almost always, asked to pay an illegal admission fee during normal visiting hours, and only those who have the guts to stand up to porters' insolent demands escape them. The average visitor prefers to pay rather than have his entry obstructed and delayed when he is in a hurry to visit a sick relative. The depredations

of this class of employee have reached such scandalous dimension that instances of scuffling between visitors and porters are said to be multiplying.

The second type of allegation relates to the kind of treatment that patients receive. The standard of hygiene and sanitation is said to have deteriorated so sharply that floors are seldom swept, bedsheets infrequently changed, and walls seldom washed so that the atmosphere inside a ward is often suffocating. The affluent now-a-days have given up entering state-run hospitals for treatment; they patronise the private clinics, and the lower middle class and the poor who have no alternative but to come to them have to put up with anything. The pressure of overcrowding is so great that to complain is to risk being thrown out and having no treatment at all. It is alleged that advantage is taken of the helplessness of the patients and their relatives to force them to submit to what really amounts to humiliation and torture.

We are told that although in theory hospitals are supposed to provide free treatment, nothing except beds is really free. Medicines and injections have to be obtained from outside, and all that hospital staff do is to issue the prescriptions.

Complaints have also reached us about the diet supplied to patients. The quality of food is said to be often so shocking that those who can, ask their relatives to bring them supplies, from outside; those who cannot—and they are the majority—must either go without or accept what is offered. Many are said to discover flies or bugs in cooked food, and, if they protest, they are asked mildly to look after themselves.

We know that the number of hospitals we have is far too inadequate for a population of 100 million, four million of them concentrated in this city. But does pressure on hospital beds wholly explain the deterioration in standards to which our correspondents have drawn attention? We do not think so.

We are told that the main reason why druggists' stores multiply like mushrooms in the neighbourhood of hospitals is because hospital staff allegedly pass on to them the medicines which are purchased for free distribution at the expense of the state. They are alleged to be subsequently sold back to the patients and to their relatives and also the general public at higher prices, and the profit is split between the druggists and staff inside the hospitals.

The nature of complaints varies from hospital to hospital, but we do not think it is necessary to specify the ones which are alleged to be the worst offenders. But we regret to have to say that there is none which has not been the subject of serious allegations.

The country has been trying to increase the number of hospitals but unless conditions improve in the few that we have, an increase in their number would only mean increasing the scale of the alleged scandals.

07310

## BARBADOS

### Government Reacts to Increase in Dengue Fever

54400051 Bridgetown *THE SUNDAY ADVOCATE* in English 13 Dec 87 p 1

[Text] The Ministry of Health is conducting an on-going programme of fogging in high risk areas, while educating the public about the relationship between the *Aedes Aegypti* mosquito and dengue fever.

Over the last month, 51 suspected cases of dengue fever have been reported to the Ministry of Health.

These cases have not been confined to one specific area but the majority of cases have occurred in some of the more densely populated areas of St Michael and Christ Church.

In order to get more accurate information, all doctors have been requested to report any suspected cases to the Ministry of Health. The remedial measures being taken include intensification of house to house inspections by the inspectorate.

Appeals have been made for members of the public to clean up their surroundings in order to remove possible breeding sites for mosquitoes.

Officers from the Ministry have also given lectures and educational talks in schools and health clinics throughout the island and leaflets have been distributed in areas where cases have been identified.

/9604

## CANADA

### AIDS Incidence, Red Cross Blood Screening Change Reported

#### 1,405 Cases

54200014 Vancouver *THE WEEKEND SUN* in English 12 Dec 87 p A6

[Article by Robin Ludlow]

[Text] Ottawa—There is widespread fear and ignorance about AIDS, a new Southam News-Angus Reid poll shows.

Nine out of 10 Canadians believe AIDS could spread and affect everyone, not just high-risk groups.

And eight out of 10 people think new immigrants should be tested for AIDS.

The poll, which questioned 1,507 adults between Nov 16 and Dec 4, also found:

- While 86 percent felt AIDS could affect them, only 14 percent had changed their sexual behavior. This shows it is easier to raise awareness than change behavior, experts say;

Eight out of 10 people fear getting AIDS from a blood transfusion. They needn't. The risk is less than one in 10 million;

Almost half of those polled worry about getting AIDS from food prepared or served by someone with AIDS or by visiting a doctor or dentist who had treated an AIDS patient. There is no evidence to suggest this is possible;

One third believe they can get AIDS in a public swimming pool. Experts say this is impossible;

Almost three out of 10 people think they can get AIDS in public washrooms or from co-workers with AIDS. Again, impossible, experts say.

A majority, 60 percent, think information campaigns should stress safer sexual activity. One third feel the answer is to stress the avoidance to promiscuity;

Two-thirds feel mandatory AIDS testing of high-risk groups such as new immigrants, intravenous-drug users, homosexuals and convicts is justified because the disease is so serious.

In a survey of this size, there's usually a 95-percent certainty that the results are within 2.5 percentage points of what they would be if the entire adult Canadian population had been questioned.

"Oh dear, you're ruining my day," said Dr Alastair Clayton, as he heard the results Friday.

As director general of the Federal AIDS Centre in Ottawa, Clayton is the top federal official in charge of battling and providing information about AIDS.

"I am dismayed to see that we still have misconceptions abounding in the land," he said.

"The significant minority of people who've got it wrong is enlarging and I think this indicates we haven't communicated the message very well."

Clayton said the figures show that it is relatively easy to raise awareness but much more difficult to change behavior.

Nevertheless, pollster Reid said Friday it is significant that as many as one-quarter of people in the 18-to-34 age group admitted to changing their sexual behavior as a result of the AIDS threat.

"We're in the midst of a sexual revolution of sorts on an equal footing with the age of promiscuity in the '60s," he said.

Almost half of those polled thought school teachers should be tested for AIDS and 42 percent felt everyone should be tested for AIDS on a mandatory basis.

Reid also found that while AIDS falls behind such issues as free trade, unemployment, the economy, social services, the Constitution, Meech Lake and defence, public concern has more than doubled in the past year.

The latest World Health Organization figures show almost 70,000 AIDS cases worldwide. As of Dec 7, 1,405 AIDS cases had been diagnosed in Canada. Only 675 are still alive.

The over-all AIDS rate for Canada is 55 cases per million population. B.C. heads the list at 97 cases per million.

### Red Cross Screening Upgrade

54200014 Ottawa *THE OTTAWA CITIZEN in English*  
18 Dec 87 p A10

[Text] Toronto (CP)—The Canadian Red Cross is beefing up its blood-screening standards to ensure the destruction of the deadly AIDS virus in blood-clotting products, a society official said Thursday.

The Red Cross decision follows an investigation of 67 lots of a blood-clotting product called Factor Eight after six British Columbia hemophiliacs and one in Alberta tested positive for the AIDS virus this fall.

Steven Vick, acting director of blood product services for the Red Cross, said Thursday the hunt has been narrowed to three suspect lots, which will not undergo further testing at the Federal Centre for AIDS in Ottawa.

In the meantime, the society has decided to switch its requirement from a dry heat-treating process "to a more rigorous method" of wet heat treatment to ensure destruction of any AIDS virus that may pass through the blood screening process, Vick said.

The clotting product is produced from plasma.

Screening of donated blood cannot be expected to be 100 percent effective because of an incubation period during which a person could be infected with acquired immune deficiency syndrome but not test positive.

Dr Wark Boucher, an official with the federal Health Department, said the three lots were pinpointed because use of vials from them was the only common factor between all seven people.

All of the Factor Eight used in Canada is produced by two U.S. companies—Armour Pharmaceutical Co of Pennsylvania and Cutter Laboratories Inc of California.

/9274

### AIDS Testing, Incidence, Clotting Agent Recall Reported

#### Ontario Testing Increase

54200011 Windsor *THE WINDSOR STAR in English*  
29 Oct 87 p A7

[Text] Toronto (CP)—The demand for AIDS testing in Ontario is increasing so dramatically that the laboratory that conducts them may become flooded beyond capacity, a provincial health ministry official said Wednesday.

"The number of tests is increasing steadily," said Dr. Donald Willoughby, head of the ministry's laboratory services branch. "We haven't reached capacity yet, because we can always add more staff, but we may have to expand testing in the future."

About 7,000 AIDS tests a month are being done in Ontario. Or, about 225 every day compared with 85 daily when the lab first started conducting tests in November 1985. Because of the increase, the ministry is considering using regional public-health laboratories to share the load.

"We've started a study this month which will determine which areas in the province are in greatest need, and which labs will be used," said Willoughby.

The central Public Health Laboratory in Toronto is authorized by government to do AIDS testing. Two other hospitals, St. Joseph's in Hamilton and University Hospital in London are authorized to do tests for transplant programs only, said Willoughby.

#### Drop in Incidence Projection

54200011 Vancouver *THE SUN in English*  
10 Nov 87 p A11

[Text] Toronto—The predictions for the spread of AIDS in Canada have been too high and the annual number of new cases will likely begin to level off next year, a government researcher says.

Previous forecasts may have overestimated the number of potential Canadian cases in 1991 by as much as 20 per cent, says George Wells, an epidemiologist and biostatistician at the Laboratory Centre for Disease Control in Ottawa.

"We are very close if (we have) not quite hit the flatness in the growth curve," he said.

A cabinet document, leaked last week, projected a total of 6,700 cases by the end of 1991, while Wells' new estimate is about 5,300.

There have been 1,345 people infected with acquired immune deficiency in Canada and of that 703 have died.

And readjusting the numbers would mean a saving of about \$100 million in health-care costs, Wells said.

Meanwhile, Dr. Alastair Clayton, director-general of the Federal Centre for AIDS in Ottawa, says a plan the government is considering for the mandatory AIDS tests for immigrants will not stop the spread of the virus into Canada.

The number of infected people identified would probably be "so small the resources would be better spent on education," Clayton.[as printed]

The cabinet document estimated it would cost up to \$250-million a year to test the entire Canadian population. Canada expects to admit 125,000 immigrants in 1987 and 135,000 in 1988.

### Clotting Agent Recall

54200011 Toronto THE GLOBE AND MAIL in  
English 21 Nov 87 pp A1, A2

[Article by Joan Breckenridge: "Clotting Agent Recalled  
After 7 Hemophiliacs Test Positive for AIDS]

[Text] The Red Cross is recalling about 60 lots of the blood-clotting agent used by hemophiliacs because some of it may have been infected with the AIDS virus, a spokesman for the organization says.

"What we're doing is being supercautious," said Roger Perrault, deputy secretary-general in charge of operations at the Red Cross Society in Ottawa.

David Pope, assistant director of the federal Bureau of Biologics in Ottawa, said hemophiliacs should remain calm because "we have no proof there's anything wrong with any of it at the moment.

"We want there to be no use of these products until we find out what the problem is."

Dr. Perrault added: "We don't know yet how many hemophiliacs may have been involved." There are 2,500 to 3,000 hemophiliacs in Canada.

Hospitals have been sent a list of the lots involved and have been telephoning or writing to the people who may have been affected, said Dr. Jerome Teitel, associate director of the Comprehensive Hemophiliac Centre at St. Michael's Hospital in Toronto.

The recall of Factor Eight was started about two weeks ago after the Canadian Hemophilia Society reported to the Red Cross that six British Columbia hemophiliacs had recently tested positive for the AIDS virus.

A seventh hemophiliac tested positive in Alberta last week, Dr. Perrault said. A spokesman for the Canadian Hemophilia Society could not be reached for comment.

These cases are of concern because the Red Cross started to screen the blood supply for AIDS in 1985. The longest period of time it has taken a person to test positive for the AIDS antibody after being exposed to the virus is just over a year.

However, "we still don't know the exact period of time between infection and the appearance of the antibody," Dr. Pope said.

Although risk of the blood supply being infected with AIDS is minimal, he said, "there is the possibility of contaminated blood slipping through the detection screen."

"In the very early stages of the infection, you may have the virus but not produce the antibody." In such cases, the test used to detect the AIDS antibody would fail to show that the virus was present.

When the cases in Western Canada were reported, the Red Cross and the companies that process Factor Eight checked their records to find out which lots may have been involved. They decided to err on the side of caution by taking the Factor Eight off the market and replacing it with new product.

The amount of product being replaced "is in the neighborhood of 60 lots," Mr. Perrault said. This represents 10 to 15 per cent of the product distributed by the Red Cross.

"There are some lots which were used up so we won't be able to recall them," Mr. Perrault said.

The Red Cross distributes all of the Factor Eight in Canada. The product contains an essential blood-clotting agent that hemophiliacs lack. It is derived from blood pooled from thousands of donors.

Dr. Perrault said tests will be done to determine whether any of the recalled blood product was infected with the AIDS virus. Because these will be viral cultures, not antibody tests, the work will take much longer to complete.

If any of the tests are positive, the results will be given to the Canadian Hemophilia Society so they can inform the individuals involved, Dr. Perrault said.

In Canada, there have been 23 adult cases of AIDS among hemophiliacs, 14 of whom have died, according to the Federal Centre for AIDS in Ottawa. There have been 1,264 reported cases of AIDS in Canada.

08309

### Toxin in Mussels Source of Food Poisonings

#### Domoic Acid Toxin

54200013 Ottawa THE OTTAWA CITIZEN in English  
19 Dec 87 p A1

[Article by Elizabeth Payne]

[Text] Federal researchers have scored a major first victory in the race to solve the shellfish poisoning mystery.

Scientists announced Friday they've identified a toxin usually found in Japanese seaweed as the culprit in a wave of mussel poisonings that have contributed to three deaths and made 100 people sick.

They still aren't sure how it got into the mussels, but they suspect the tainted shellfish may have fed on a rare seaweed called chondria.

The discovery Thursday came after hundreds of hours of intensive work by scientists at the National Research Council, Health and Welfare and Fisheries and Oceans. It does not mean Atlantic shellfish will be back on store shelves immediately.

The next step in the research process is to discover a reliable test for the toxin, known as domoic acid, said Bonnie Fox-McIntyre, a spokesman for Health and Welfare.

It will be several more days at least before that is done, she said. Only then will health officials consider lifting the alert on Atlantic shellfish.

The discovery also provides no immediate help for victims of shellfish poisoning.

Dr Joe Losos, of Health and Welfare's centre for disease control, said the toxin causes deterioration of nerve cells, but not a great deal is known about its effect on the human body.

One of the tasks facing researchers now is to find out how toxic domoic acid actually is.

Losos said the federal government will sponsor a workshop in Montreal for medical personnel with patients suffering from the mussel poisoning to increase knowledge about how to treat such patients.

The breakthrough for the toxin, described as "a search for a needle in a haystack," came at the National Research Council's Halifax labs. The identification was later supported by scientists at Health and Welfare in Ottawa.

"This is Part one of a complex puzzle which we have to solve," said Sol Gunner, of the department's health protection branch. "The ultimate aim is to predict and prevent future occurrences."

Roger Foxall, director of the NRC's Atlantic bureau, described the round-the-clock work done at his laboratories during the past week as similar to solving a complex detective story.

On Thursday night, scientists from the NRC and Health and Welfare met at Health and Welfare laboratories in Tunney's Pasture until almost midnight to discuss the findings.

Earlier reports that a kind of plankton was responsible are probably not correct, Foxall said.

The federal health department issued a warning against eating PEI mussels two weeks ago after the first cases of illness were reported. That warning was extended Dec 11 to include Atlantic clams, oysters and quahogs.

The death Thursday of an elderly Quebec City woman was the third believed to be related to mussel poisoning.

Two other elderly people, David McLaughlin, 82, of Toronto, and Albert Pomeroy, 71, of Montreal, died earlier.

### 3 Deaths

542000013 Ottawa THE OTTAWA CITIZEN in English  
19 Dec 87 p B10

[Article by Julian Beltrame]

[Text] Confusion reigned on Black Friday, the day the federal government accidentally tried to destroy the Canadian fishery.

At about 1 p.m., a local Fisheries official answered the phone and apologetically admitted to being totally perplexed.

"I don't know what it means," he confessed to the reporter.

"We're getting our information from the CBC...we haven't been informed officially. But before you go with it, I'd check with Ottawa because it's got to be wrong."

The official, who asked not to be identified because he had been ordered to refer media calls to one of four Ottawa telephone numbers, understood the Atlantic fishery and instinctively realized the general shellfish alert was a mistake.

The error was a beaut. The Department of Health and Welfare had just announced a wide-ranging ban on mussels, oysters, clams, quahogs, and "other shellfish," obviously confusing molluscs with crustaceans.

The vague wording sent the \$1.5-billion industry scrambling for an explanation. But when Bonnie Fox-McIntyre, the spokesman for Health and Welfare, stepped forward to offer one, no one east of Quebec could believe it.

In an interview on CBC Radio in Halifax, Fox-McIntyre tweaked interviewer Costas Halavrezos that he knew better than she whether "other shellfish" meant lobsters. But yes, she went on, "other shellfish" meant lobsters, shrimp and scallops.

A series of corrections and "clarifications" followed.

By media counts, Health and Welfare changed its mind on what was poison and what was safe 10 times within eight hours. First [of] all scallops were banned, then only Gulf of St Lawrence scallops, then all were declared safe.

This entire scenario with its heavy emphasis on farce could be written off as just another glaring example of The Gang That Couldn't Shoot Straight, except that mussel poisoning was the Mulroney government's second fishery test.

And as with the tale of tainted tuna, it failed miserably.

Two years later, Star-Kist Canada is still paying for then fisheries minister John Fraser's error of judgment. It may take that long for the Atlantic fishery to recover from the mussel fiasco.

"This won't just hurt shellfish (molluscs)," says Allan Billard, executive director of the Eastern Fishermen's Federation.

"The entire Canadian fishing industry will take a kicking. People in Ontario or Europe or Japan don't distinguish between Nova Scotia and Prince Edward Island, or mussels and lobster."

Billard and most East Coast fishery officials agree that Health Minister Jake Epp, with the questionable aid of Fisheries Minister Tom Siddon, raised a specific and isolated problem into an all-out crisis.

A recital of events is all that is needed to detect panic at work in Epp's department.

- On Nov 24 and 25, Health Department officials received reports of four patients—two in Montreal and two in Moncton—exhibiting signs of food poisoning after eating PEI mussels.

On Friday, Nov 27, mussel samples from the two cities were injected into mice in Ottawa and Blacks Harbour, NB. By 4 p.m., all the mice were dead.

At this point, opposition critics argue, Epp should have been informed and an alert on PEI mussels issued. Neither happened, and the next day Albert Pomeroy of Pointe Claire, Que, dined on the suspect mussels.

- Throughout the weekend, further samples were collected from the Island, but none were tested. The department took the laudable step of halting shipments of suspected PEI mussels on Sunday. However, it strangely neglected to order that mussels already shown to have killed mice—and which by then had made six people ill—be removed from stores.

On Monday, Nov 30, Epp was finally informed. Late the following afternoon, with 17 confirmed cases of poisoning, he ordered the alert on PEI mussels.

On Thursday, Dec 10, with opposition MPs clamoring for Epp's resignation, Pomeroy died in a Montreal hospital. Two other people have since died.

The discovery of a similar toxin in Caraquet Bay, NB, led to an even more comical over-reaction.

On Saturday Dec 12, all shellfish from Newfoundland to Florida were banned. This was done despite the fact that only mussels from eastern PEI had caused any illness, that the only incidents of toxicity were confined to the Gulf of St Lawrence eco-system, and that Fisheries Department tests, which began as soon as the problem arose, found no toxicity in other areas.

Fox-McIntyre explains the confusion about what constituted a shellfish by saying she had consulted a dictionary. And she said the total East Coast ban was issued because the department did not consider the problem isolated.

To Billard, the explanations merely confirm his worst suspicions.

"Any high school student knows the difference between the Gulf (of St Lawrence, where all the toxicity has occurred) and the Bay of Fundy, the eastern shore (of Nova Scotia) and Florida.

"I don't think Epp is inept, although that's a nice phrase. I think he's been given very bad advice."

## Rise Reported in Cases of Chlamydia in 1986

5400012 Ottawa *THE OTTAWA CITIZEN* in English  
26 Nov 87 p A4

[Article by Cathy Campbell]

[Text] Reported cases of chlamydia, the most common sexually-transmitted disease, increased 23 per cent in 1986 over 1985, says a report in the Canadian Medical Association Journal.

Marion Todd, of Health and Welfare's Laboratory Centre for Disease Control in Ottawa, which prepared the report, said Wednesday the increase can be attributed to better reporting and testing for the disease, as well as increased transmission through sexual contact.

The data was compiled from chlamydia cases reported to 27 laboratories across Canada.

There are 100,000 cases of chlamydia a year, mostly women, Todd estimated.

The disease causes infertility in women and ectopic pregnancies if it is undetected and untreated.

The greatest increase was among those aged 15 to 19, says the report. It increased 26 per cent in 1986 over 1985.

Cases of chlamydia were highest among those aged 20 to 25, at 43.8 per cent. The second largest group was those aged 25 to 29, while the age group 15 to 19 accounted for the third largest proportion of cases.

In its 1986 annual report, the Ottawa-Carleton Regional Health Department attributed increases in cases of chlamydia to better detection methods.

"In all likelihood chlamydia has been decreasing over the past number of years," said the health department report. "Because diagnostic testing has only recently been available, it appeared that chlamydia had been increasing."

Todd said sexually-active young people are still failing to use condoms.

Todd said young women aged 15 to 19 fail to perceive the threat of contracting infections. Women are more susceptible to sexually-transmitted disease than men.

08309

## CHINA

### Regulations To Prevent Spread of AIDS Enacted

40101001a Beijing *CHINA DAILY* in English  
15 Jan 88 p 3

[By Staff Reporter Wen Jia]

[Text] The first regulations on the control of the disease AIDS to prevent it from entering or spreading in China went into effect yesterday.

They are the first legal administrative regulations in the country on the prevention of epidemic diseases, said He Jiesheng, Vice-Minister of Public Health.

AIDS victims, virus carriers or any others who conceal their illness, refuse to be checked or to limit their activities accordingly will be fined 50 to 3,000 yuan.

People who smuggle banned products will also be fined. But they will also be punished according to related Chinese laws if they cause the spread of AIDS.

China has already been AIDS-testing some foreigners and Chinese and taking other measures to prevent its spread according to Quarantine Law and the Law on Border Entry and Exit.

The ministry, ministries of Foreign Affairs and Public Security, the State Education Commission, Civil Aviation Administration of China, National Tourism Administration and the Bureau for Foreign Experts jointly issued the stipulations.

He said that China put priority on preventing the killer disease spreading from abroad.

All foreigners who come to China for more than one year must have proof of being free of the AIDS virus. The certificates have to be approved by Chinese embassies in the country concerned.

AIDS virus carriers, suspects or those in close contact with them should limit their activities, receive medical checks and visits from doctors.

Returned Chinese who have lived for more than one year abroad and who intend to stay a year or more here must also be examined.

The regulation states that it is a person's duty to provide information to health officials or departments when investigated.

To protect AIDS patients and virus carriers, the regulation says their names and addresses should not be publicized by any unit or individual.

China started to take strict measures against AIDS four years ago. Since then, two foreign travellers and an American Chinese have been found to be AIDS victims. Another seven foreigners were found to be virus carriers.

Four Chinese were found to have contracted the virus in Zhejiang Province through imported contaminated blood. Three of them were children and one of them has since died.

The Ministry of Public Health drew up a national plan to prevent and treat AIDS last year, which covered monitoring, quarantine, research and education.

2089/12913

### **Hubei, Hunan Lake Dwellers Face Parasitic Diseases**

*40101003a Beijing XINHUA in English  
1228 GMT 10 Dec 87*

[Text] Beijing, 10 December (XINHUA)—Some 16 million people living near Lakes in south China's Hunan and Hubei provinces are still menaced by schistosomiasis, a parasitic disease once eliminated in the 1960's, today's PEOPLE'S DAILY reported.

Quoting a team who just surveyed the two provinces, the paper said, Qianjiang County's Heping Village in Hubei Province reported 63 percent of the local residents, including all 420 workers, have contracted the disease, and since 1980, 24 villagers have died of schistosomiasis.

At Qiyuan Village in Jiangling County, the disease has killed 10 young men since 1984.

Because of the current spread of the disease, in some regions families have had to abandon their homes and farms.

During the 1950's and 60's, China was successful in combatting schistosomiasis by building dikes to block the movement of water snails—the carriers of the parasite—and combining traditional Chinese and Western medicine in treatment.

Unfortunately, the overwhelming achievements hid potential danger. When schistosomiasis was officially declared wiped out, organizations handling the disease were disbanded, investment stopped, and production of drugs for treating the disease halted.

In the 1980's, schistosomiasis began to reappear, but was overlooked by people who were busy with economic activities, the report said.

This winter, however, 300,000 farmers in Jingjiang Prefecture buried water snails along 5 kilometers of streams and ditches at the 4 major lakes.

Rural Hubei residents are also building more pits for generating methane gas, which also helps curb the spread of the parasite, the paper said.

China's Ministry of Public Health held a national meeting last month in Wuhan, capital of Hubei Province, to discuss how to again eliminate the threat of schistosomiasis.

At present, poor cooperation has created a serious problem, the paper said.

Reed grass is an important raw material for paper making and local industrial departments are unwilling to have it burned off, although it creates a breeding ground for water snails.

The disease has also made its way into the region's domestic animal population, which also needs to be treated, the report added.

Because of China's current economic reform, the country's migrant population is on the rise, and as a result, the disease spreads to other areas.

1614/12913

### **DENMARK/GREENLAND**

#### **Greenland Authorities Disappointed Over AIDS Funding**

##### **Funding for Information Campaign**

*54002431 Godthaab GRONLANDSPOSTEN in Danish  
2 Dec 87 p 9*

[Text] There will be no special funds for an AIDS information campaign in Greenland. Danish politicians will only provide extra funds for an AIDS information campaign in Denmark.

Although former Greenland Affairs Minister Tom Hoyem and several other Danish politicians have mentioned Greenland as a special risk area for AIDS, the Danish authorities have refused to provide a single extra krone for the purpose of providing information about AIDS in Greenland. But millions have been furnished for a special information campaign in Denmark.

GRONLANDSPOSTEN [AG] has learned that Greenland health authorities have asked both the Greenland Affairs Ministry and the Danish Health Agency several times for a share of the approximately 17 million kroner appropriated in Denmark as extra funds for the purpose of informing the public about AIDS.

Each time they have been rejected on the grounds that AIDS information in Greenland must be kept within the existing appropriations—even though Danish counties are getting extra funds.



District physician Jens Misfeldt of the Greenland Public Health Agency confirmed that it has proved impossible to get special funds for AIDS information in Greenland.

"We have had to pay for our AIDS campaign out of the regular appropriations for health information, so it is being implemented at the expense of something else," he said.

In Denmark the Health Agency has long established a special AIDS office with funds for an enormous campaign to educate the public through such things as full-page advertisements in several Danish newspapers, posters, brochures, films and TV announcements.

### Official Discusses Information Effort

*Godthaab GRONLANDSPOSTEN in Danish*  
2 Dec 87 p 9

[Text] Greenland will have an AIDS campaign. Almost a year after the Danish AIDS campaign started, information about the life-threatening disease will finally be provided now in Greenland. When district physician Jens Misfeldt returned to Greenland in August after spending half a year in Denmark, he was "shaken" to find that the campaign was not yet ready. But there have been problems with translations and other things. Now it is under way, according to the district physician and the above leaflet on AIDS in Greenlandic [not included] will be included in both SERMITSIAK and AG within a month. In addition a special folder for schools, a TV drama by Silaniut and a Greenland version of the Danish film, "Not a Word about AIDS" are on the way. Some especially cheap condoms will also be available starting around 1 February.

### Five Confirmed With Infection

*Godthaab GRONLANDSPOSTEN in Danish*  
2 Dec 87 pp 8-9

[Text] The Public Health Agency now knows of five people infected with AIDS but they may have infected others who in turn may have infected others—both men and women.

All those who have had sexual relations with the five people in Greenland who are known to be infected with AIDS have received a phone call from the Public Health Agency, offering them an AIDS test. But the Health Agency does not know if any of them have been infected with AIDS and if so whether they have infected others.

"We have not been able to test them all," district physician Jens Misfeldt told AG.

"We have only been able to get in touch with the people with whom the five people infected with AIDS have told us they had sexual contact."

This was done by telephone last week with respect to the sexual partners of the two new AIDS cases in Greenland that the Health Agency discovered last week.

We asked whether these partners could have infected others if they themselves are infected.

"Yes, we cannot rule that out," the district physician said.

### Men and Women

Homosexuals are one of the biggest AIDS risk groups, but district physician Jens Misfeldt told us that the three people known to be carrying the infection in Greenland have not had exclusively homosexual relations.

"Thus we cannot rule out the possibility that women have also been infected," said the district physician who offered the same advice here in Greenland that people in other countries are giving, namely that if you want to be sure you don't get AIDS, use condoms!

The district physician would not disclose where in Greenland AIDS infected people have been found. Only that they are distributed over five different districts.

"We live in too small a country to say more than that," the district physician said.

### Paper Comments on Situation

*Godthaab GRONLANDSPOSTEN in Danish*  
2 Dec 87 p 14

[Editorial: "AIDS"]

[Text] A few years ago former Greenland Affairs Minister Tom Hoyem strongly emphasized the view in the Danish press that Greenland is an area at special risk for AIDS, that the life-threatening disease could spread like wildfire because of the sexual patterns of many people, in other words he implied that sex is rampant in Greenland.

The statements were resented by many people but Tom Hoyem defended himself by saying that the important thing now is to prevent the spread of AIDS in Greenland.

Against this background it is grotesque that the state—the Danish government and Folketing—is unwilling to provide funds for a special information program in Greenland. Millions have been provided in Denmark. But they are unwilling to provide a single extra AIDS krone for Greenland. Why? It is tempting to say that Danish politicians only put their money where they can get votes—not where there apparently may be the greatest danger that AIDS will spread rapidly.

The problem with AIDS is not whether sex is widespread or not. Regardless of what people do and how they do it, they must simply get in the habit of using condoms.

For several months AG has been providing information on AIDS each week— now the Public Health Agency finally has its campaign ready (too bad that it had to take such a long time with all the serious words that have been spoken!). But the message is clear and simple: Use condoms. Many people say that then they "can't feel anything," "it's a nuisance," "it's difficult," "oh, I forgot, I was so drunk." That won't do. AIDS is deadly. It is simply stupid not to take the trouble. Better to use a new condom for a second round. Condoms are readily available to everyone and if the boys forget to use them, the girls should remind them.

06578

## DOMINICAN REPUBLIC

### French-Donated AIDS-Testing Equipment Arrives

54400052 Roseau *THE NEW CHRONICLE in English*  
18 Dec 87 p 3

[Text] An AIDS testing unit at EC\$150,000, together with an EC\$50,000 Endos-copy Unit, will this morning be officially handed over to Health Minister Ronan David, at a ceremony at the Princess Margaret Hospital.

The equipments which were donated by the French Government, will be handed over by Mr Gerard Jacquet, who heads the French Technical Mission.

The Unit includes a deep freeze, Centrifridge mixer, among others, and will be operated by Mr Gorslau of the Pasteur Institute.

Health officials have disclosed that to date six persons here are known to have contracted the AIDS virus, two of whom have died.

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## GRENADA

### Update on AIDS Situation; Blood Bank Being Affected

54400048 St Georges *THE GRENADIAN VOICE in English* 5 Dec 87 p 24

[Text] The discovery and publicising of the Acquired Immune Deficiency Syndrome (AIDS) has had a negative effect on the blood bank at the General Hospital.

Without giving figures, a health official said the number of donors has dropped "since this AIDS thing, because there is a misconception that donors too can get AIDS by giving blood."

Mary Soucek of the Ministry of Health told a week-end seminar on the media's role in AIDS education and responsible reporting that there is no AIDS risk in just donating blood since each needle is used once.

Since the discovery of the AIDS virus there has been eight reported cases in Grenada, and five of those have already died. But in addition there are five others that are possible carriers of the AIDS virus. Two of those have "AIDS related disease" and three others have the "virus in the blood."

According to Health official Dr Doreen Murray three women are among the 13 who either have the full blown disease or have proven to be sero-positive.

The age range of all of those is between 24 and 44 years, Dr Murray revealed at the seminar.

She said the number of AIDS cases here in comparison to the population is high and "so we need to act now."

Dr Murray noted that the figure of eight cases could actually be higher, since there might well be people out there who have the disease and who have not reported it.

/9274

## HONG KONG

### Seventh AIDS Victim

54500050 Hong Kong *SOUTH CHINA MORNING POST in English* 28 Oct 87 p 1

[Text] Another person died of AIDS, one man was found to have contracted the disease and four new infections were reported in the past month, Government figures released yesterday show.

The latest fatality takes to seven the number of people known to have died from AIDS in Hong Kong. The victim was an unidentified man.

The surviving AIDS patient is said to be seriously ill and has been undergoing treatment for several months for a variety of infections. He has not been given the experimental AIDS drug, AZT.

A Medical and Health Department spokesman said yesterday one of those who had contracted the virus was Chinese and the other was an expatriate.

One had contracted the disease through sexual contact while the cause of the second infection was unknown.

Both cases were confirmed late last week, the spokesman said, although tests which detected the presence of AIDS antibodies in their systems were carried out several months ago.

In a press briefing announcing the latest monthly statistics on the AIDS surveillance program, the department's AIDS advisory committee refused to give more details on the victims.

The monthly analysis of AIDS cases contains general information on the total number of cases, the number of deaths, risk factors and whether the victims are male or female, adult and Chinese or non-Chinese.

Dr S. H. Lee, deputy director of Medical and Health Services (Health Services and Planning), said when pressed for more details on the latest cases: "We cannot comment on individual cases.

"I can only say of the two confirmed cases of AIDS, one of them has died, one is still alive."

He also declined to comment on whether the victims had contracted the virus locally or overseas.

07310

### **Over 3,300 Test AIDS-Free; New Figures, Measures Cited**

54400055 Hong Kong HONGKONG STANDARD in English 29 Dec 87 p 5

[Article by Shirley Yam]

[Excerpts] No AIDS virus was found in the blood samples of 3,335 people who were tested last month, the Medical and Health Department announced yesterday.

The number of carriers of the deadly virus now remains at 106.

Eight of the nine confirmed AIDS patients have died. The only surviving patient, a non-Chinese, is still under treatment.

Meanwhile, parents and teachers will be given a "simplified" guidebook by the end of next month so they can explain to their children the dangers of AIDS and ways to prevent it.

It will be distributed through schools, welfare agencies and district offices.

He [Mr George Yuen, Chief Information Officer] added that a "pilot test" on the book had been conducted among teachers to make it "digestable" for students.

A picture book would also be introduced in February for the less literate, teaching them the prevention of AIDS through cartoons, he said.

Meanwhile, the first symposium on AIDS, organised by the Medical and Health Department and the University of California, will be held here on 31 January.

Two well-known world authorities on the disease, Dr Jay Levy and Dr Paul Dolberding, will address the symposium.

/9604

## **INDIA**

### **Papers Report Developments in Fight Against AIDS**

#### **Indian AIDS Virus**

54500060 Calcutta THE TELEGRAPH in English 13 Nov 87 p 5

[Text] New Delhi, Nov. 12 (PTI): Doctors at the All-India Institute of Medical Sciences have isolated the AIDS virus for the first time from blood samples of infected Indians.

A team of AIIMS microbiologists isolated the virus from blood cells of three infected prostitutes, now in a vigilance home in Madras. The biochemical tests which confirmed that it is the AIDS virus, however, cannot tell whether it is the same type of AIDS-causing virus discovered in the West.

"There could also be an Indian strain," Dr Pradeep Seth, AIIMS associate-professor and team-leader said. Dr Seth announced the isolation last week at a meeting called by the Indian Council of Medical Research.

US and French doctors have discovered two types of AIDS viruses—HIV 1 and HIV 2—which can both cause full-blown AIDS.

#### **Infant With AIDS**

54500060 Bombay THE TIMES OF INDIA in English 16 Nov 87 p 1

[Text] New Delhi, Nov. 15 (PTI). Researchers have detected AIDS antibodies in a nine-month-old baby girl, the first case of childhood AIDS in India.

The discovery came during the screening of contacts of a Tamil Nadu teacher, who has become the first case of AIDS in the state.

The 58-year old teacher had been admitted to the Madras general hospital with symptoms of the disease since September, this year.

Doctors have now established that the teacher got the infection from a blood transfusion in which he was given blood by the girl's father.

The findings were reported by Dr John Jacob, chief of the AIDS surveillance centre at the Centre for Advanced Research in Virology in Vellore, during a meeting called by the Indian Council of Medical Research here, last week.

The mother of the girl is also infected with the AIDS virus and doctors said the baby must have acquired the antibodies during birth.

AIDS researchers here said the new findings were "very interesting" and the spread of the infection between the donor to the teacher and the donor to the wife is the first case of indigenous transmission of a "possible Indian strain."

The AIDS virus has a peculiar trait of easily undergoing mutations (changes in genetic structure) and experts said that while being transmitted from one country to another, it could change into a different strain.

"We are only speculating now, but once the virus came into India and 'settled,' it could have undergone a type change," a senior AIDS researcher here said.

Doctors cannot explain the fact that the teacher got infected within seven months after receiving the blood from an infected donor, while the donor (the girl's father) himself had no symptoms of the disease.

On preliminary questioning, the donor admitted to having contacts with Indian prostitutes before 1984. He has not travelled abroad nor has he had any contacts with foreigners, medical sources here said.

This would mean the virus must have come in to India even before 1986, when the first cases of infection surfaced in Madras among prostitutes.

Doctors here are now awaiting the results of detailed inquiries. "Finding out how he acquired the infection has become really important now," a researcher said. "It could tell us something about when the virus first came in."

Since the AIDS screening programme began last year, about 57,000 people have been tested and 157 have been found infected. However, only 15 have been afflicted.

Five of these were foreigners, one was a non-resident Indian and the rest were all Indians.

### Warning on New Strain

54500060 Bombay THE TIMES OF INDIA in English  
23 Nov 87 p 3

[Text] New Delhi, November 22 (PTI). Indian health authorities may be in for a rude shock if they fail to quickly identify the strain of the AIDS (Acquired

Immune Deficiency Syndrome) virus recently isolated by a professor at the All-India Institute of Medical Sciences (AIIMS) here, a leading authority on AIDS warned today.

"There is a possibility that thousands of Indians may have already been infected in case the virus isolated from the Indian patients turned out to be an Asian strain different from the one in the west," the head of molecular biology department of the Frankfurt Medical School, Dr Prakash Chandra, told PTI.

The imported test kits being currently used in India for screening AIDS were designed to detect infections caused by the strain of AIDS virus occurring in the United States and Europe.

The tests would be useless in case the Indian virus was of a different strain, he said.

By relying on western test kits, "India may be fooled" into believing that there were only a few cases of AIDS, Prof Chandra said. "It may turn out that you have been fooled into believing that there were only a few cases of AIDS," Prof Chandra said. "It may turn out that you have much more infections than you think."

He said identification of the Indian strain was urgent. "Otherwise you will not know whether or not you are doing the right screening test. In the meanwhile, you may be infecting each other."

Prof. Chandra said this was precisely the situation in some African countries until recently when scientists discovered a few African strain of the AIDS virus.

The AIDS virus was isolated for the first time in India by Prof Pradeep Seth of the All India Institute of Medical Sciences three weeks ago from the blood sera obtained from three prostitutes in Madras.

According to Prof Seth, further typing and characterisation of the virus could not be done at AIIMS as it lacked "containment" facilities.

Prof Chandra, who is here on a visit, has offered to take the sera samples back with him to his laboratory in Frankfurt to characterise the virus. He said the result would be known by the middle of December.

### AIDS Not From Monkeys

(PTI from Delhi): French scientists say "AIDS did not come from monkeys," as previously thought, thereby ending the controversy over the origin of AIDS.

The Embassy Science Information Service "cedust," said pasteur scientists had now confirmed it was impossible for the AIDS virus infesting monkeys "to pass easily to HIV-2 and then to HIV-1." These are the two AIDS viruses known to infect humans.

### No Compulsory Test

54500060 Bombay *THE TIMES OF INDIA* in English  
25 Nov 87 pp 1, 9

[Article by Allwyn Fernandes]

[Text] Bombay, November 24. No-one can be compelled to submit to a test for AIDS against his/her will and there is nothing the health authorities can do to prevent someone who is found to have contracted the dreaded disease from spreading it, except to appeal to his/her sense of morality.

Health officials, physicians and medico-legal experts here say there are questions of privacy and medical ethics involved in forcibly submitting someone to undergo an AIDS test in India. The nature of the disease also makes it difficult to impose restrictions.

They were replying to questions in the context of the controversy over whether the Pune godman, Rajneesh, could be made to undergo an AIDS test by the government as suggested by the secretary of the Indian Health Organisation, Dr I.S. Gilada. Spokesmen for Rajneesh, including some of his doctor-disciples attending on him, deny that he is stricken by the disease.

In contrast to the inability of the health authorities here to do anything about AIDS carriers, the situation has been rapidly changing in the west. Several American states have already made it a crime for a person with AIDS to knowingly expose another to it and the U.S. army has courtmartialled a soldier who knew he had the virus and had sex with a man and a woman.

Although privacy laws in the U.S. are stringent, the trend of discussion has been moving towards protecting the uninfected by overriding a patient's right to privacy. A "New York Times" report recently quoted a doctor as saying that "the right to privacy is absolute till it infringes on other people's right to safety."

In India, the Union government has talked about bringing forth legislation to screen visiting foreigners wanting to stay here for longer periods, and to deal with high-risk AIDS groups like prostitutes, homosexuals and victims of sexually-transmitted diseases. Today, there is no way of stopping AIDS-infected persons from donating blood or organs, or engaging in prostitution.

Such steps have already been taken in Australia and several European countries, according to Dr Pritam Phatnani, professor of forensic medicine at the Tilak medical college, Sion. In Germany, anyone who knowingly transmits AIDS can be prosecuted criminally, while in Munich the authorities have gone a step further and provided for a charge of attempted murder if an AIDS carrier is involved in rape, he said.

One reason why the authorities here have been lax is the relatively few cases of AIDS detected so far. Only about 12 cases have come to light in a population of 800 million. The health authorities are, therefore, of the opinion that the most threatening diseases in India today are tuberculosis (400,000 deaths per year), diarrhoea and neo-natal infections and not AIDS.

AIDS has already been made a notifiable disease in Bombay by the municipal corporation, since January this year. The Pune municipal Corporation, in whose jurisdiction Rajneesh lives, is expected to do so shortly. Other municipal corporations have also been asked to make the disease notifiable since there is no Act covering all the corporations in the state, the health secretary, Mr D.T. Joseph, said.

"But making a disease notifiable means only that doctors coming across it have to inform the civic health authorities. You cannot do a test on someone against his will or impose any restrictions on the patient, like getting him/her quarantined, as was done in the case of contagious diseases earlier," Mr Joseph said.

At best, the government can deport foreign nationals. But it cannot do anything about its own citizens, except by way of education and creating awareness, he added.

Dr R.D. Lele, chief of nuclear medicine and honorary general physician at the Jaslok Hospital, said that the British Medical Association had last year ruled that carrying out an AIDS test without a patient's consent amounted to criminal assault under British law.

"We do not know what the position is under Indian law, but there is clearly a conflict between one's personal right to privacy and the public interest," Dr Lele said.

There are 1.5 million AIDS carriers in the U.S. who are apparently healthy. What can you do about them except appeal to their sense of morality not to infect others? How does one, for instance, notify the public that a prostitute has AIDS?" he asked.

Dr Phatnani said there was no law anywhere in the world to compel anyone to undergo a medical test against his will.

Even a person suspected of driving under the influence of alcohol in Britain could not be forced to submit to a blood test against his will, though the court could draw adverse inferences from such a refusal. In India, leprosy patients could not be forcibly taken for treatment, nor could those who had given up treatment be compelled to resume it.

"AIDS is also different from earlier notifiable diseases which were contagious and could be contracted by contact. AIDS is a threat only to those who have sexual contact with a patient or received blood from him/her. It is not a disease that can be transmitted through the air or

by insects like mosquitoes. There is now a hypothesis that it could be transmitted through the skin, but that has not been proved yet," Dr Phatnani said.

#### New Context

Making AIDS a notifiable disease in the next context is, therefore, merely a "bureaucratic procedure," Dr Lele opined.

Dr Phatnani also pointed out that to quarantine an AIDS patient would not serve any purpose. Isolation in the case of most infectious diseases helped protect others in society from the diseases. Vaccines were also available to inoculate people and build up their resistance against such diseases.

But in the case of AIDS victims, it was the AIDS sufferers themselves who needed to be isolated at a certain stage to protect them from catching infections from others, as the destruction of the body's defence mechanisms made them extremely susceptible to infection.

Dr Gilada, who is project co-ordinator of the AIDS clinic at the government-run J.J. Hospital, said other sexually-transmitted diseases were not notifiable in Maharashtra. Dr Gilada, who has been working to improve the lot of prostitutes in Bombay's red light areas, has been campaigning for the registration of prostitutes, which would require them to undergo regular medical check-ups for this purpose.

Such a step would help control the spread of AIDS also.

08309

#### Iodine Deficiency, Goiter Spread in North Bihar

54500059 Calcutta THE TELEGRAPH in English  
29 Nov 87 p 6

[Text] Patna, Nov. 28: Nearly 300 million people in India suffer from iodine deficiency and the malady is the most acute in the plains of north Bihar, according to a study conducted by two doctors of the Institute of Public Health in Patna. Iodine deficiency leads to goitre.

The study, conducted by Dr N.C. Ghosh and Dr C.B. Sharma on the basis of national health surveys and an analysis of over 500 water samples drawn from various district headquarters in Bihar, reveals that iodine deficiency has spread across the whole of north Bihar. Earlier, the problem was confined only to Champaran district.

The study warns that vegetables like cauliflower, cabbages, lady's finger, arvi and shalgam can interfere in the process of iodine absorption if consumed in large quantities and over a long period of time.

08309

#### Concern Over Encephalitis in West Bengal District

54500061 Calcutta THE TELEGRAPH in English  
23 Nov 87 p 2

[Article by Barun Ghosh: "Encephalitis Patients Neglected"]

[Text] Burdwan, Nov. 22: Panic has gripped villagers in almost all the blocks of Burdwan district with the death toll in encephalitis mounting each day at the Burdwan Medical College and Hospital.

According to Dr B.B. Ghosh, deputy superintendent of the hospital, a 14-year-old boy, Basan Majhi, who was admitted to the hospital with high fever, died this morning. He revealed that at least 150 persons had died out of 530 patients who were admitted to the hospital since August. At present, more than 100 persons, including 35 women and 50 children, were undergoing treatment at the hospital.

A visit to the four encephalitis wards of the hospital reveals that patients were not provided with medicines regularly. Two or three patients are huddled in one bed.

Mrs Sankari Bag, mother of 10-year-old Janata, complained that her son was not being provided with any medicine for last three days. Mrs Bag, who is from Nadanghat of Manteswar block, has been camping with her son for over seven days in the hospital.

Mrs Gita Mukherjee from Dhatigram of Kalna block alleged that her son, Shirsendu (11) had remained unconscious for over 12 days and it was only yesterday that he regained consciousness. "I had to remain awake day and night by the side of my son but the doctors and nurses were hardly bothered," she complained.

A hospital employee also told this correspondent that there was chaos with a huge number of patients being admitted to the hospital daily. He said that one new block had been opened to cope with the rush, but it was inadequate. We need some more doctors and nurses to look after the patients," he added.

Dr Ghosh, however, said more doctors and nurses had been sent to the hospital during the past few days by the health department. He also said that Rs one lakh had been sanctioned to cope with the problems. "In fact, the disease is a symptomatic one and it requires a specific treatment and mere administration of medicines will not cure the patients," he added.

According to the official sources, Memari and Jamalpur blocks are worst affected where encephalitis has taken its toll on almost every family in each village. Other affected areas are Khandogosh, Ketugram, Raina and Katwa.

An official of the district administration later said that villagers in some affected blocks had been directed not to rear pigs anymore.

It is learnt that the disease has been raging the district for last two years. In 1986 also, it had affected over 800 persons and claimed the lives of 222 persons. Official sources confirmed that a medical board consisting of experts had been formed to make a further survey of people living in villages. "This germ of the disease has to be wiped out from the district and we are taking all possible steps in this regard," said a senior doctor of the hospital.

08309

### Diabetes Reportedly Increasing Throughout Nation

54500062 Madras *THE HINDU in English*  
19 Nov 87 p 3

[Text] Madras, Nov. 18. The Director of Medical Education, Dr. S. Arumugam, today called for vigorous efforts to create health consciousness among people. Their awareness should be heightened to such an extent that they would detect and seek medical opinion the moment they saw even a marginal deviation in their health condition, he said.

Inaugurating a seminar on 'Diabetes in Indians' organised by the Diabetes Research Centre and M.V. Hospital for Diabetes, Royapuram, he said that only then the goal of 'health for all' could be considered to have been achieved. Otherwise, what one could achieve would be only treatment for all.

Dr. Arumugam said the incidence of diabetes in India, particularly South India, appears to be increasing over the years.

Dr. M. Viswanathan, Director, Diabetes Research Centre, who delivered the keynote address, said the clinical picture of diabetes in India was different from that in the western countries in many respects.

In spite of the high-carbohydrate content of diet in India, the prevalence of diabetes in the country was no less than in other countries; the age of onset of the disease in the country was a decade or two earlier than in [word indistinct] countries; the male-female ratio of diabetes patients was 2 : 1; and only about 32 per cent of those affected by the disease were obese. People with normal weight accounted for 55 per cent of the total number of patients.

Mr. R. Shanmugam, Health Secretary, presided and presented the ninth Diabetes Research Centre Oration Award, which consists of a gold medal and a citation, to

Dr. Malcolm Nattrass, Consultant Physician and Diabetologist, General Hospital, Birmingham, U.K. Dr Nattrass delivered a lecture on "insulin resistance."

During the course of the seminar, diabetologists of the Diabetes Research Centre, the Government General Hospital and the Voluntary Health Services presented papers on the various aspects of diabetes.

Dr. V. Mohan, Deputy Director, Diabetes Research Centre, said the type of malnutrition-related diabetes, which was caused by stone in pancreas, was most prevalent in South India.

08309

### Sharp Rise in Number of Leprosy Cases in Bengal

54500064 Calcutta *THE SUNDAY STATESMAN in English* 15 Nov 87 p 3

[Text] Though the Central and West Bengal Governments have been implementing leprosy eradication programmes in different parts of the State for the past few years, there has been a spurt in leprosy cases in certain areas. According to an official report, in 1981 there were about 3.9 million leprosy patients all over the country and about one-tenth of them lived in West Bengal.

The percentage of leprosy cases in West Bengal has gone up sharply in recent months, according to a survey conducted by the West Bengal Cultural and Social Welfare Organization. The areas covered were Hooghly, Burdwan, South 24-Parganas and North 24-Parganas. Leprosy cases rose from about 3

to 6

. The survey was carried out by a team of doctors led by Dr Asit Kumar Ghosh and Dr Subir Dutta.

Mr Aloke Dasgupta, general secretary of the organization, said on Saturday that the survey revealed that the patients included a large number of children, tribals, village farmers and even educated people. Many of the victims are generally averse to treatment. This is not only because of their ignorance about the disease but also because of lack of leprosy treatment facilities in rural areas.

A large number of leprosy cases were found in Ranigunj, Memari and Asansol. The affected people include farmers and labourers. At Amrona village in Burdwan a large number of school children are reportedly suffering from leprosy. They are poor, and there are no facilities for treatment in the villages.

In Hooghly, leprosy cases were detected in Dobadi, Berabani and Banajamuna areas where about 6.5

of the people suffer from the disease. Many of them are Santhals. "Dry leprosy cases" were found in Diamond Harbour and Sundarbans.

08309

### Concern Over Rise in Malaria in Calcutta

54500065 Calcutta *THE STATESMAN in English*  
13 Nov 87 p 12

[Text] Malaria cases are on the rise in the city, according to Dr K.P. Ghosh, a CPI(M)-supported Independent Councillor and chairman of the Mayor's Consultative Committee in Calcutta on Wednesday. Talking to reporters at the civic headquarters, Dr Ghosh said that even if blood tests were not conducted among the poorer sections of the people, the patients mostly responded to anti-malaria drugs and this proved beyond doubt that the incidence of malaria was more than normal.

Dr Ghosh alleged that prolonged water logging in the slum areas, accumulation of garbage in roadside vats and lack of regular clean-up operations in tanks resulted in the breeding of mosquitoes. He regretted that the civic body was taking few measures to counter the menace and the sophisticated sprayer at its disposal was lying idle, he alleged.

The Deputy Mayor, Mr Moni Sanyal admitted that the number of mosquitoes had increased recently. Mr Sailen Dey, the Forward Bloc leader in the civic body had a similar opinion. Mr Subodh Dey, member of the Mayor-in-Council, in charge of Health, attributed the recent increase in the number of mosquitoes to the civic body's failure to spray anti-larval oil for the past three months. The Centre, which usually provides the insecticide, was not delivering the city's quota and this had hampered the municipal corporation's anti-malaria campaign. Mr Dey said that recently, the civic body had procured a large amount of anti-larval oil by spending a sum of over Rs 1.50 lakhs and the spraying operation would begin within the next few days.

According to Mr Dey malaria is persisting mostly in the areas adjoining the canals in different parts of the city. For instance in the south, mosquitoes bred in large numbers in the Durgapur and Majherhat bridge areas which were located near the Tollygunge canal. He felt that the State Government's Irrigation Department should share some of the blame as it hardly carried out dredging activities in the canals. The situation is likely to improve when the anti-malarial campaign is taken up in earnest within the next few days, he added.

08309

### Bombay Tuberculosis Control Plan Successful

54500066 Bombay *THE TIMES OF INDIA in English*  
15 Nov 87 p 5

[Text] Bombay, November 14: The success of the TB control programme has resulted in the under-utilisation of the civic tuberculosis hospital at Sewri. The hospital will shortly be converted into a full-fledged hospital for chest ailments, the municipal commissioner, Mr S.S. Tinaikar, said here today.

The programme was begun in 1976, when mortality due to the disease was 10,000 per year. While the number of deaths has fallen to 7,000 over the last 11 years, the morbidity (incidence of the disease) has not decreased, Dr A.P. Rao, TB hospital superintendent, told a seminar.

Mr Tinaikar and Dr Rao were addressing a seminar on "Urban Tuberculosis Control Programme" held at the Topiwala auditorium of the Nair Hospital here. The inaugural ceremony was attended by 19 mayors from all over the country who are here for the executive committee meeting of the all-India mayors' council beginning here tomorrow.

About 1.6 lakh residents of Bombay, which has an estimated population of one crore, are currently suffering from TB, of which, 40,000 are in the infectious stage. However, the number of those who require domiciliary treatment in hospitals has been steadily falling, resulting in under-utilisation of the TB Hospital.

08309

### Peak Incidence of Gastroenteritis, Cholera in Tamil Nadu

54500067 Madras *THE HINDU in English*  
18 Nov 87 p 1

[Text] Madras, Nov. 17. The incidence of gastro-enteritis and Cholera has registered a peak of 40,000 cases in Tamil Nadu this year due to the severe drought in different parts of the State, which has forced people in many areas to take recourse to even polluted sources of water.

A public health department official said that the incidence has been more than that in 1983, which also witnessed a severe drought. A welcome feature, however, has been that the case fatality rate has been lower this year at 2.26 per cent.

Gastro-enteritis and cholera incidence follows a cyclical pattern over a period of years, but this year's peak is mainly because of the severity of the drought.



But in spite of the seriousness of the situation, the funds made available was very meagre. The minimum requirement of the fund was Rs 7.5 per capita, for prevention, control and treatment of the water borne diseases, but this year, not even Re. 1 per capita has been made available, he said.

08309

### Indian Scientist Discusses Eradication of Plague

54500063 Madras *THE HINDU* in English  
18 Nov 87 p 7

[Text] New Delhi, Nov. 17. 'I believe that cholera can be eradicated and there are some reasons for why this has not happened till today even though the cholera antigen was identified long ago,' said Prof. Sirish Chandra Seal delivering the second T.S. Tirumurti Memorial Oration on Monday at the All India Institute of Medical Sciences (AIIMS) here. These words carry enormous significance because they were made by an eminent medical scientist who has made great contributions to the study of plague and its eradication from India and to the discovery of exotoxin in anerobic cultures of cholera bacterium. The Memorial Award is being given to him in recognition of these achievements.

The T.S. Tirumurti memorial lecture was established by the Indian National Science Academy (INSA) in 1985, out of an endowment of Rs. 25,000 by Janaki Ramachandran, daughter of the late R. Tirunelveli Subbaiyer Tirumurti, a Foundation Fellow of the Academy noted for his contributions to medical science. The first award was made in 1985 to Prof. B. Ramamurthi, an imminent neurosurgeon from Madras.

**Success story:** The success story of Prof. Seal and that of plague eradication appear to be a more inspiring case of a medical mission than even smallpox because plague had come to India at a time when medical research and health care infrastructure were in their infancy. The confidence it generates is tremendous that things are achievable by sheer dedication and coordinated research. According to Prof. Seal, these seem to be lacking now when we are yet to isolate indigenous hepatitis antigen or develop cholera or typhoid vaccine and the medical community seems to be increasingly dependent on what is developed elsewhere.

'Without the complete knowledge of the organism (responsible for the disease) eradication is not possible and this knowledge comes step by step, Prof. Seal said and he presented a fascinating account of these steps with which he was so closely associated and was responsible for many of them. It was really amazing to see someone who is 84 years old recall with such exacting details the various clinical, epidemiological and pathological experiments on plague he had carried out during the long years of research since the Second World War. It was the success of his work on the toxicity of the diphtheria

vaccine, which had affected many outside India during the war, that led him to concentrate on developing a proper culture medium for isolating the plague organism as well.

Prof. Seal described briefly the history of plague and its spread which, according to him, had visited all the regions of the world at some time or other. The oldest historical record of plague in India apparently exists in Bhagavata Purana (1500-500 B.C.). He divided the history of plague into two phases—before 1894 and after 1894 when the plague bacillus was discovered. In the second phase plague arrived in India from Hong Kong in 1895 from where it went to Bombay in 1896 by the maritime route and then spread rapidly to most parts of the country. The disease was first diagnosed bacteriologically on the October 10, 1897 in Bombay and on 17 April 1898 in Calcutta. The year 1907 was the peak period of plague with 1,315,892 deaths and during the decade ending 1908 the mortality rate per 10,000 was 183.3. The disease disappeared totally from human beings in 1968 but it remained in rodent population—the transmitting agents of the disease—for some years in several regions.

**Effective strategy:** The most effective strategy to eradicate a disease, according to Prof. Seal, is to eliminate it from the host, namely the human population—an approach he advocates for malaria and cholera too. He believes that malaria has not been eradicated because people wasted too much time in trying to control the vectors. It is in this direction, therefore, Prof. Seal concentrated his efforts and succeeded in isolating the pure plague bacillus which could then be used for making a live antigen vaccine.

Isolation of the bacillus was achieved by Prof. Seal by using an amino acid-based medium which gave rise to smooth organism—smoothness in the sense of the antigenic structure of the organism being intact—as opposed to the then existent Haffkine Institute isolate which was rough. Prof. Seal had figured out that this was due to the nature of the medium which till then had been a form of polysaccharide protein. The antigen itself being a polysaccharide complex tended to react with the medium and acquire roughness.

Once the bacillus was isolated in the pure form, the active antigen could be easily isolated because smooth organism facilitated what is known as 'auto-agglutination'—clumping together of the organism—in large quantities which could be extracted as a precipitate in gel. 'Rough organism had been a wrong idea for the vaccine,' he said. According to the structure of the organism determined by Prof. Seal it consists of an outer envelope which was the active component whereas the core or the endoplasm was like a 'pseudo-TB antigen.'

Both the TB and the plague bacilli are similar, and affect the rodent population and they need to be distinguished. Prof. Seal also evolved serological procedures to classify

the plague bacillus according to their virulence, toxicity and chemical reactions. Spectroscopic methods developed for absolute differentiation of the antigenic forms had also been crucially instrumental in the eradication of the disease in India.

08309

## INDONESIA

### Gastroenteritis in Jakarta

54004304 Jakarta ANTARA NEWS BULLETIN in English 1 Jan 88 p 5

[Text] Jakarta, 1 January (ANTARA)—Gastro Enteritis rampaging 8 districts in West Jakarta municipality until Thursday afternoon was found to have claimed 222 victims, 8 who passed away and 23 who must be hospitalized.

Head of West Jakarta Health Service Dr Rasyid Piarah here Thursday stated that 48 percent of the victims were children below the age of five.

/12232

## ITALY

### HIV Cases Increasing Rapidly

54002429 Rome L'ESPRESSO in Italian  
22 Nov 87 pp 222-227

[Article by Enrico Arosio: "Exclusive on AIDS in Italy: The Wave Arrives"]

[Text] According to the Health Institute, thousands of seropositive people have already entered the early stages of the dread disease. Drug addicts are the most affected. The situation appears to be worse than had been foreseen.

The latest news from the AIDS front, unfortunately, is bad. The overall dimensions of the phenomenon in our country can no longer be stated as a few hundred confirmed cases of AIDS (about 1,087 as of 30 September), but as tens of thousands of infected people, half of whom are clinically ill. In other words, at this time in Italy several thousand of seropositive people are no longer simply carriers of the HIV virus, the agent of acquired immune deficiency syndrome. What does this mean? It means that, in addition to being capable of transmitting the infection to others, these people themselves show symptoms of having progressed to a more or less advanced stage of the disease. How many of them will evolve into full-blown AIDS cases is not yet known. Statistics and forecasts vary enormously from country to country: from 1 to 50 percent, and even more.

But what we said at the outset is certain. It is one of the conclusions reached by the first national HIV infection survey in Italy, which L'ESPRESSO is able to unveil in this exclusive report. It is based on 52,900 subjects examined at 177 locations all over Italy between November 1985 and March 1987. It was promoted by the National Association for the Struggle Against AIDS, chaired by the Liberal Party member of Parliament Francesco De Lorenzo. "This topic is one of nationwide significance, and it cannot be managed by the Ministry of Health alone," says De Lorenzo, "not even as a topic pertaining exclusively to Minister Carlo Donat Cattin, but rather by a special interministerial commission." But we will talk about this later.

A study titled, "The HIV Infection in Italy: Seroprevalence and Related Syndromes," was done by Donato Greco, Hartmund Sasse, and Giovanni Rezza of the Health Institute (Greco directs the AIDS functional center, which also provides the telephone advice service known as the "green number" at 167861061), with Fernando Aiuti and Giovanni Luzi of the Allergy and Immunology Clinic of the University of Rome. The USL drug addiction care services, the infectious disease departments of hospitals and universities, and the AIDS Centers that have been established in the regions cooperated in the research. The study has some limitations: it is based on the voluntary participation of whoever came in for testing; and its findings "cannot be extended to everyone who is at risk nor to the entire population, but rather they describe one aspect of the spread of the virus." Let's take a look at the findings.

The following groups were examined: 31,785 drug addicts, 5,137 homosexuals, 1,460 poly-transfused adults, 1,050 hemophiliacs, 874 poly-transfused children, 9,514 heterosexual partners of individuals belonging to risk categories, as well as 586 children of drug addicts and 2,474 "doubtful cases." The percentage of seropositive people is higher among drug addicts (46.8 percent). Next are the children of drug addicts (43.7 percent), hemophiliacs (31.9 percent) and homosexuals (25.5 percent).

Now, a new bit of information, "a factor of the highest importance," says Donato Greco, is the health status of drug addicts. Out of 14,882 seropositive people, some 6,141 are suffering from LAS (Lymphadenopathic syndrome), the first stage of the disease, and 1,498 have ARC (AIDS Related Complex), which is the second and penultimate stage. Thus, over 50 percent of the drug addicts in this nationwide sample are already sick (almost 60 percent in the north), compared to 30 percent of those other than drug addicts (40 percent in the north). A more general conclusion of the study is that about half of the 52,900 seropositive people examined have clinical symptoms, and 20 percent are in the ARC phase, that is, they're in the AIDS anteroom.

Also, a geographic trend has emerged that is of extreme interest from the epidemiological standpoint. In the south, 80 percent are still asymptomatic carriers (compared to 16 percent of those with LAS and 4 percent of

those with ARC). In the central area of the country, this figure drops to 60 percent (28 percent of those with LAS, 11 percent of those with ARC). In the north, it falls further to 43 percent, while 47 percent have LAS and 10 out of a hundred have ARC. The reasons? In the north there are more drug addicts and the epidemic began earlier. But Dr Greco does not doubt that the evolution of the illness will be the same in the south as in the north: later, but inevitable.

"Drug addicts will continue to be the principal victims of AIDS," says Greco: "not just due to the frequency of reinfection with the HIV virus, but due to the concomitant presence of other viruses and the natural immunodepressant power of heavy drugs. AIDS today is just eleventh on the list of diseases in Italy, but it is moving up quickly."

This is the scientific importance of the study. But what is its political significance? The absolute urgency of establishing a centralized, interministerial authority, which will be able to set forth a national strategy of information, prevention, and research. The promoter of this initiative (L'ESPRESSO has already discussed this in this year's 9 August issue) is the National Association for the Struggle Against AIDS, which has now prepared a document (officially released on 18 November in Rome), to be re-done as a motion for Parliament. The document acknowledges that the Ministry of Health took timely action from the first signs of alarm that came from the USA in 1982. "Now, on the other hand," comments the Honorable Mr De Lorenzo, "action is needed on a higher level, as requested by the regions themselves, which also have full legal autonomy in health matters." The interministerial commission should involve the Ministries of Health, Defense, Public Education, Mercy and Justice, Foreign Affairs, Interior, and Scientific Research.

Some regions have taken appropriate action. Lombardy has produced an operating plan that from the health standpoint is effective: strengthening infectious disease departments, creation of special units in Milan, focused ambulatory services, and systematic screening of blood donors. Information efforts have been less vigorous. It is obvious, nonetheless, that costs, which are being managed without coordination, are rising. And precisely this financing aspect is one of the crucial tie-ups. Donat Cattin had promised to put together 150 billion. By August, 6 had been allocated. Now there are 9 (allocated, not released), while another 30 show up in the 1987 budget. Other countries have been more generous and faster: 80 billion allocated in France in 1987, 60 in Great Britain (not to mention the 1,100 billion in the United States).

But there are still more data on the Italian situation that call for urgent action. Over 17 percent of prison inmates are seropositive. The average age of the infected individuals is lower in other countries. Drug addicts are a predominately heterosexual population, so the danger that the infection will widen beyond the groups at risk is

higher, even vertically (from mother to child). "Information and prevention," the document of the National Association for the Struggle Against AIDS sustains, "should be planned not only for the general population, but for the infected groups. And in this regard, "the language must be clear, understandable, effective: censorship of any kind must not be permitted." So suggests the association, that is, the task force of the best Italian specialists in this area. It is a national appeal that the "technicians" are addressing to Minister Donat Cattin.

"The Ministry of Health alone has no power and no funds," bitterly remarks blood specialist Girolamo Sirchia, one of the most authoritative observers, and a member of the anti-AIDS commission, which has not met for over a month. "We have to start over from the beginning: in the schools, barracks, jails. And get the RAI [Italian Radio and Television] involved." Is he worried? "Extremely worried."

13331/08309

## IVORY COAST

### Specific Cancer Statistics Subject of Study

54000038a Abidjan FRATERNITE MATIN in French  
23 Nov 87 p 2

[Article by Samba Kone: "Cancer Patients Not Necessarily Condemned to Die"; first paragraph FRATERNITE MATIN introduction]

[Text] In an attempt to answer questions regarding the types of cancer are found in our country, the age at which the largest number of malignant tumors occur, the most frequent sites of cancer in men and women, and many others, Mrs Dibo Amany, formerly Miss Odoh Ehi Suzanne, devoted her doctoral thesis to "Cancers in the Ivory Coast." Her research earned the author, in addition to a pass with distinction and the congratulations of Professor Marcel Ette's jury, an opportunity for exchanges with other departments and a chance to compete in the theses awards.

In the 10 year period between 1974-1983, 5591 cases of cancer were confirmed histologically from 59,430 samples taken from Abidjan's two university hospital centers. With a pathology rate of 10 percent, cancer is becoming a real preoccupation in our country. Indeed, during the period under consideration, the number of recorded cancers rose from 494 cases (1974) to 566 cases (1983), with a peak of 616 cases in 1982.

After reminding her audience that any part of the organism can be the site of a malignant tumor, the author evaluated the frequency of different locations. Based on her sample, one cancer in four involves the genital or urinary organs (1,484 cases), that is, 25.72 percent of all

diagnosed cancers. This is very closely followed by cancers of the bone, connective tissues, skin and breast, with 1,276 cases (22.82 percent).

Cancers of the lymphatic and hematopoietic tissues ranked third with 907 cases (16.22 percent). Seven hundred and eighteen cases involved the digestive system and peritoneum (12.84 percent), slightly ahead of cancers of the eye, nervous system, endocrine glands and unspecified metastases, which accounted for 635 cases (11.68 percent). Cancers of the respiratory system, 314 cases (5.62 percent), and buccopharyngeal cancers, 285 cases (5.10 percent), ranked last.

For each of the above categories, the author attempted to pinpoint the most frequent sites of the most commonly encountered malignant tumors. "But," she notes, "organs are not uniformly affected within each group." In the genito-urinary group, for example, the cervix accounts for more than half of the afflicted organs (55.42 percent of the cases).

The organs most often involved in digestive and peritoneal cancers are the liver (44.99 percent of the malignant tumors) and the stomach.

In the respiratory system group, the bronchi and the lungs rank first, with more than half of the cases (195 out of 314). The larynx was involved in 87 cases. "Cancers of the nose, sinuses and middle ear are less common in our country", comments Dr. Dibo-Amany.

The author's analysis shows that the most frequent cancers in our country, by location, involve the lymphatic tissue (15.25 percent of all cases), the cervix (14.26 percent) and the skin (11.82 percent). Cancers of the liver (5.71 percent), breast (5.62 percent), stomach (3.54 percent), bronchi and lungs (3.49 percent) and eye (2.22 percent) are considered to occur with average frequency.

Finally, among those cancers that are infrequent, even rare, in our country are cancers of the vulva and vagina (0.98 percent), leukemias (0.75 percent), cancer of the tongue (0.57 percent), esophagus (0.50 percent), testicles (0.34 percent), lips (0.21 percent) and small intestine (0.16 percent).

#### Men More Affected than Women

Distribution by sex of the cancers studied by Dr. Dibo-Amany revealed a slight predominance of men (52.05 percent) over women (47.35 percent).

Nearly one man in ten had developed a genito-urinary cancer (281 cases).

In contrast to their partners, genito-urinary cancers were more frequent in women, affecting nearly one woman in two. Indeed, 43.60 percent of the women (1,155 cases) had a cancer of the genital and urinary organs, more specifically, of the cervix.

"The results of our analysis", notes Dr. Dibo-Amany, "show a clear predominance of men among those afflicted with cancers of the respiratory system, digestive tract, buccal cavity, pharynx and lymphatic and hematopoietic tissues. It is only in the genital and urinary cancer group that women are by far more affected. The incidence of bone, connective tissue, skin and breast cancer is nearly identical in the two sexes."

Although the different cancers can occur at any age, the sample observed by the author indicates that the average age of the onset of cancer is variable and is primarily a function of location. The average age is generally between 40 and 65 years. Dr. Dibo-Amany observes that except for "tumors specific to children, cancer is chiefly a disease of adults, of older adults. It can occur at any age, but its frequency increases with age."

Study of the evolution of cancer in our country shows a sharp increase in cancer pathology. Its incidence rose from 272 cases annually from 1969 to 1974, to 536.33 cases annually during the 1974 to 1976 period. In 1983, the average reached 562.30 cases.

Such an rise may be explained by improved diagnostic methods and the increasing interest of physicians in the disease. But the environment, which has an influence on the development of cancer, must also be taken into account. This is the case with lung cancers, for example, and air pollution. Likewise, certain dietary habits can promote the development of malignant tumors. Such is the case with cancers of the bronchi and lungs and the consumption of tobacco and alcohol, cervical cancer and prostitution and its consequences, cancer of the colon and the consumption of animal fat, etc.

In her conclusion, Dr. Dibo-Amany points out that "the cancer patient is a patient like any other, he is not necessarily condemned to die, provided his cancer is discovered in the initial stages. Everyone must therefore have an annual check-up; for even if life does not seem worth living, we should never forget that nothing is as valuable as a life".

09825

#### JAMAICA

#### Review of Problems Plaguing Nation's Health Services

54400025b Kingston *THE DAILY GLEANER* in English 3 Nov 87 p 6

[Article by Glenn Bowen]

[Text] Bad news and villains attract bigger audiences than do good news and good citizens.

That is why we have seen so much accent on the negative, over the years.

I wanted to write another "good news" column this week. However, its background may be considered "bad news". the subject—the island's health care services.

This nation's health care services are still a sick joke.

Now, someone is going to say that Government is doing its best, with limited financial resources, to provide good health care. But, I'll say that while it is true that the Ministry of Health is committed to better health services, this remains a goal rather than an achievement and government's best is simply not good enough, as yet.

Judge for yourself from these examples: Montego Bay's Cornwall Regional Hospital is "in dire need" of an orthopaedic surgeon and other specialists. Patients from that part of the island must travel to Kingston, to the University Hospital or KPH if they suffer chronic disorders of the joints, spine, bones or muscles used in movement and want to be cured.

The Savanna-la-mar Hospital is plagued with problems ranging from a staff shortage to a lack of medical supplies, and leaking roofs. The hospital has reportedly been without cold storage facilities for five years.

#### Rationalization

I breezed through Black River the other day, but not before taking a good look at the excuse of a public hospital they have there. Black River Public Hospital is a run-down, dilapidated place, with termite-infested woodwork, leading roofs, faulty plumbing, and an air-conditioning unit which hardly ever works. This is the place provided for the sick among the 150,000 residents of St Elizabeth.

Over in St Ann, the down-graded Alexandria Hospital is not only "grossly understaffed", but, according to the Gleaner's correspondent, also is without ambulance service and a telephone.

The populous, forward-looking Highgate community in St Mary has a clinic, but one now without a doctor, dentist or nurse, a report says.

The 'rationalization' of the hospital services throughout the island has only contributed to the pervasive deterioration, and the grief now being experienced by the suffering poor.

If truth be told it seems some sanity is returning to our national health programme planners. After all, government has announced a five-pronged health service reform programme for the 1987-1990 period. This programme, as I understand it, is intended to boost primary

health care, modernize the secondary sector, divest support services and management responsibilities to provide sector interests, reform the family planning programme, and establish a modern integrated laboratory network.

#### Citizens' Groups

If these programmes come on stream, I'll be among the first to applaud and sing Government's praises. And I'm sure it will be a cinch to get countless others to join in the ovation and the commendation.

But, for now, let's be thankful that amidst the crisis of confidence in our health system, a strong sense of community has emerged. Our saving grace is the commodity co-operation and voluntary input of civic-minded citizens across the island.

Without their contributions, many of the hospitals and health centres, dogged as they are by equipment and personnel problems, would do little more than hobble along. To be sure, too many of them are doing just that right now. However, let's put some accent on the positive.

In town and country, there are scores of people who, though they realize it is primarily Government's responsibility to provide and maintain health care facilities, have seen rallying behind the hospitals and health centres. These are public-spirited people who usually do not ask "Why don't they?" but, rather, "How can we?"

Take beleaguered Black River General. Two community organizations have been agitating for a better deal for that institution, and some good results are forthcoming.

The Citizens Association has consistently highlighted the problems and made representation to the authorities, and one of the results is that M. P. Derrick Sangster plans to spend \$180,000 on the reroofing of one of the wards. Meanwhile, the Friends of the Black River Hospital are trying to get their hands on \$30,000 to carry out some improvement work there.

#### Donations

From Sav-la-mar comes the news that a special committee has been formed to help tackle the problems plaguing this town's hospital. At the same time, a New York-based charitable organization called Concerned Jamaican Citizens and Friends is set to raise some funds next week to benefit this institution.

Annotto Bay, St Mary has a Hospital Restoration Committee. They want to earmark \$150,000 for fencing the hospital compound and refurbishing the building. Already, \$40,000 worth of labour has gone into the first phase of the fencing project.

The Friends of the Mandeville Public Hospital have reached their fund-raising target of \$60,000. The 150-bed hospital will therefore have a stand-by electricity generator soon.

In May Pen, too, it's the Friends who are taking the lead. Proceeds from their recent family brunch fund-raiser are going towards providing medical supplies for the local hospital.

A couple of weeks ago, Jamaica United Relief Agency donated beds to the public general hospital in Spanish Town.

Churches are chipping in, as well. Galvanized into action are those with health-related ministries who met at Webster Memorial Church in Kingston recently to discuss current health care problems. Besides, we find the service clubs at work, as usual.

For instance, Rotary gearing to spend \$250,000 on blood banking and extended laboratory facilities at the Mandeville Hospital. And Kingston Lions giving a badly-needed refrigerator to Bellevue, where the East Kingston and Port Royal Kiwanians have refurbished the children's ward.

For its part, JAMAC (Jamaica/America Medical Assistance Committee) is now distributing medication valued at \$4.3 million to five major hospitals and a number of health centres.

Given the grim picture of the island's health care facilities, clearly, Government and private voluntary organizations must work together to provide more than a Band-Aid for an ailing health care system.

The situation calls for a considerable re-ordering of priorities so that the authorities will pay more attention to health. Together with education, health should be at the top of the priority list for any government.

Still, we are now, more than ever, convinced that the future of our hospitals and health centres, and the promise they hold for an overall improvement in the quality of health care for the nation lie in the strength of the commitment of those community-conscious citizens who really care.

We recognize and applaud their efforts, and hope present trends will continue.

/9274

## National Commission on AIDS To Be Established

54400053 Kingston *THE DAILY GLEANER* in English  
28 Dec 87 p 1

[Article by Yvonne Grinam]

[Text] A National Commission on Acquired Immune Deficiency Syndrome (AIDS) is to be set up here early next year.

The Commission is to be a national policy-making body and will have as its functions, fund-raising and public education on the deadly disease which has spread rapidly throughout the world.

The body will see the involvement of the Office of the Prime Minister as well as representatives of the private and public sectors. The Cabinet has agreed to the formation of the AIDS Commission.

With the formation of the Commission, Jamaica joins Barbados and Trinidad as the only Caribbean countries to have AIDS Commissions.

There are 35 Jamaicans who have had the disease here. Twenty-four of them died as of 16 November. Ten women and four children have the disease; the rest of those infected are men.

Here, the main emphasis is on public education and prevention. At the beginning of next year a major public education programme on the disease is to be launched.

/9604

## AIDS Cases, Deaths Up; Testing Program Planned

### Latest Statistics

54400025a Kingston *THE DAILY GLEANER* in English  
24 Nov 87 p 1

[Text] Five more Jamaicans have contracted Acquired Immune Deficiency Syndrome (AIDS) within the last six weeks.

There are now 35 Jamaicans who have had the disease, with 24 of them having died, the last on November 16.

Ten women and four children have the disease, the rest of those infected are men. The cumulative number of cases which occurred from December 1982 to December 1986 was 11. This means that 24 cases occurred since January 1987.

The health officer said it was also significant that the number of cases had doubled over the year and pointed out that if this trend continued there could be over 900 AIDS cases within a few years time.

Eighteen of the cases are from the Kingston and St Andrew area and the others are from Manchester, Westmoreland, St Ann, St Catherine, Trelawny, St Mary, St James, Hanover and Clarendon.

He said that now all the parishes had Jamaicans who were infected with the Human Immuno-deficiency virus (HIV).

In Jamaica the main emphasis is on public education and prevention. At the beginning of next year a major public education programme is to be launched.

He stressed the need for those who have been tested positive with the disease to go to the health authorities and said that they could be assured of confidentiality.

### Tests for Returning Migrants

54400025 Kingston *THE DAILY GLEANER* in English  
27 Nov 87 p 1

[Text] Plans are being made to have Jamaican farm workers who work abroad tested for Acquired Immune Deficiency Syndrome (AIDS) on their return.

The men are regarded as a high-risk group for the disease. They are usually health-tested before they go to work overseas, but are not tested when they come back.

Medical Officer of Health in the Epidemiology Department of the Ministry of Health, Dr Marion DuCasse, said in a public statement that the logistics for testing the men were being worked out by her Ministry in conjunction with the Ministry of Labour.

In 1985 and 1986, 7,470 farm workers were tested and of this number 43 were tested positive for the Human Immuno Deficiency Virus (HIV).

The men usually go to Belle Glade, Florida; Albion, in New York; and to Canada, to pick apples. So far this year, 9,000 men have gone.

Of the 35 AIDS cases here, 15 cases are 'imported', 12 persons contracted the disease in the country, and eight persons are still being investigated as to the source of their infection.

Dr DuCasse, who was addressing the St Andrew Lions Club at its monthly luncheon at Four Seasons Hotel in Kingston Wednesday, on the subject of AIDS, said that the Ministry's strategy to stop the spread of the virus included surveillance and education.

She said the Ministry had budgeted \$6.1 million for the first year to deal with AIDS here, and \$5.8 million for the second year.

In all 207 Jamaicans have been tested positive for the AIDS virus. A report done by the United States Agency for International Development published recently said that the figure of 3,219 Jamaicans who were tested positive for the virus was based on a projection.

/9274

## MOZAMBIQUE

### Cooperation Agreement With Norway Against Tuberculosis

54000043b Maputo *NOTICIAS* in Portuguese  
29 Dec 87 p 3

[Text] An agreement for financing the Strategy for Fighting Tuberculosis (ELAT) was signed yesterday in Maputo by our country and the Kingdom of Norway. The agreement makes available, through NORAD (Norwegian Development Agency), an amount of 17 million Norwegian Kr (about 1.71 billion MT)

This amount will be applied by the Health Ministry agencies responsible for ELAT in areas such as the acquisition of medication, reagents and laboratory equipment, x-ray plates, identification tags, means of transportation, and above all, the preparation of teams of personnel, the purchasing of educational material, and the setting up of clinics.

According to the announcement, the financing will be for a period of 2 years (1988/90), and represents an extension to the agreement signed in 1985 (the execution of which had started in 1984). The funding for that agreement amounted to approximately 14 million Norwegian Kr (about 882 million MT).

In an address given at the signing, the Minister of Health, Fernando Vaz, who signed the agreement, praised the gesture by Norway, and said that, in spite of all the serious problems of the country, tuberculosis has been one of the great concerns of the Mozambican health authorities.

"The agreement that we have signed today is a demonstration of our desire to continue to consolidate the friendly relations between the governments and peoples of Mozambique and Norway," said Arthur K. Sydnes, Resident Representative of the Norwegian Consulate in Mozambique. The photo shows the signing of the agreement.

12857

**National Institute of Health Director on AIDS Crisis**

54000043a Maputo NOTICIAS in Portuguese  
28 Dec 87 p 1

[Text] The existence of the Acquired Immunodeficiency Syndrome (AIDS) is a proven fact in Mozambique, and the results of epidemiological studies already completed are "alarming" in a country already debilitated by war and natural calamities.

In the city of Maputo, with about a million people, the prevalence of the virus in the general population is 0.9 per cent.

The two other important urban centers in the country—Beira and Nampula—have prevalency rates of 0.9 per cent and 2.2 per cent, respectively. In the war refugee population of the Tete province, the prevalence level was 2.9 per cent.

Until now, four clinical cases of AIDS were registered with the National Health Service; one of them was a foreigner and the others Mozambican citizens. Two of them have already died, and the others are hospitalized.

Mozambican health authorities have prepared a national program for prevention and control of AIDS, to be initiated in January; a request has been made for external funding for the program in the amount of \$6 million over the next 3 years.

An infection analysis of all blood units collected by the National Center for Blood Transfusion in Maputo is already under way.

"Only those blood units that test negative will be used," said the director of the National Health Institute, Dr. Joao Schwalbach.

The program of analysis at blood banks is to be funded by the Swiss Red Cross, through the supply of reagents, equipment, and training assistance for Mozambican technical personnel.

The Swiss project seeks to extend the program to all of the country's blood banks by the end of 1988.

According to Dr. Schwalbach, activities within the health network aimed at guaranteeing adequate sterilization of medical and surgical instruments will also be promoted.

Information on the illness, and specifically its transmission and prevention, is as yet not well distributed to the Mozambican people.

As of now, in this country there does not appear to exist a climate of fear or psychosis with regard to the AIDS epidemic.

"The population's knowledge about the disease is very limited," says Dr. Schwalbach.

He revealed the concern of the health authorities that the program of prevention and control of AIDS not be accompanied by such negative effects as panic in the population or discriminative attitudes.

"To bombard the people with sensational information accomplishes nothing. There is much that can be done instead of that," he said.

"We know that there are tendencies to adopt administrative and repressive measures against people infected with the disease. Our policy is to respect human rights. Those who are infected or are carriers of the AIDS virus have to be "approached" with the same respect and dignity that is deserved by a person who is suffering any other disease or infection," he said.

Schwalbach emphasized that the Ministry of Health and the National Health Service are very much concerned with regard to confidentiality with relation to AIDS patients or those who are carriers of the illness.

He stresses that people should be assured of the confidentiality that AIDS deserves if they seek hospital help. Every attempt will be made to guarantee that only the patient and the doctor know the results of testing.

According to him, the main means of transmission of the disease in Mozambique is heterosexual, as is true elsewhere in Africa.

The transmission of AIDS through blood transfusion or clinical instruments that are poorly sterilized constitutes a very infrequent means of dissemination of the disease.

Being infected by the AIDS virus is not necessarily to be ill, he observed. A percentage of the carriers of the infection may develop the illness in the future, and it is for that reason that it is imperative that they submit to periodic clinical control.

The same studies show that the AIDS virus can be transmitted from pregnant women to the child in a high proportion of cases. In such cases, more than half of the infants infected develop serious forms of the illness.

"Not yet having an anti-AIDS vaccine or medication that is effective against the illness, Mozambique seeks to apply the recommendations of the World Health Organization for the prevention of the propagation of the illness," said Dr. Schwalbach.

According to Schwalbach, there are two alternatives recommended by WHO in combating the propagation of the illness: refraining from promiscuity (reduction in the number of sexual partners), and adequate utilization of prophylactics in the sexual relations of those who are at risk.



12857

## NORWAY

### **Soldiers To Be Tested for Presence of HIV Infection**

54002428a Oslo AFTENPOSTEN in Norwegian  
12 Dec 87 p 5

[Article by Einar Solvoll: "Storting Question Period: Soldiers to be Tested for HIV"]

[Excerpt] Blood tests of about one class of Norwegian soldiers will be used in order to make a large-scale HIV test, and all the tests will be performed on an anonymous basis, Social Affairs Minister Tove Strand Gerhardsen reported during the Storting question period yesterday. The social affairs minister called attention to the fact that it is important that all soldiers, in connection with fulfillment of their military obligation, also receive instruction and counseling concerning the HIV infection and AIDS.

It is the State Institute of Public Health that will get the opportunity to use the blood tests for the comprehensive study, and Solveig Sollie (Christian People's Party) asked the social affairs minister whether the individual soldiers will learn the results. The social affairs minister stated in this connection that obtaining permission in the future for a study in which persons are identified will involve big problems.

8831

### **Bergen Officials To Hand Out Syringes in Fight Against HIV**

54002428b Oslo ARBEIDERBLADET in Norwegian  
3 Dec 87 p 5

[Article by NTB [Norwegian Wire Service]: "Free Syringe Swapping"]

[Text] As a part of the campaign against the HIV infection, as of next year intravenous drug addicts in Bergen will get their used syringes swapped for new ones.

The Health Directorate has given permission to start an experiment with the increased selling of syringes in combination with a deposit system and the destruction of used syringes.

The purpose is for several drug users not to use the same syringe and to become infected with the HIV virus in this way. More than 20 people have been registered as having the HIV infection up to the present in Bergen and Hordaland, and four of them developed AIDS. Two of these died.

Homosexual men and intravenous drug addicts still constitute the largest group of people infected with the HIV virus in the county. The Information Office for AIDS Work in Bergen reports that there are now sources of the HIV infection in Bergen, whereas previously those diagnosed as HIV-positive had been infected elsewhere.

Few syringes, used by many and poorly cleaned between each use, are one of the main reasons for the spread of the HIV infection via the blood among intravenous drug addicts. The Hordaland county physician, Bergen health chief and the Reaching-Out Department in the city are supporting the system. The local pharmacists' association's attitude is positive. The Reaching-Out Department also wants in addition the selling and swapping of syringes at gasoline stations and kiosks so that drug addicts can get hold of syringes where they live and in the evening.

The project application will be sent to the Health Directorate shortly. A comparable system will probably be begun in Trondheim. The measures will be covered under the AIDS prevention item in the State budget.

8831

## PAKISTAN

### **Tuberculosis Continues To Affect Many**

54004705 Lahore THE PAKISTAN TIMES in English  
12 Dec 87 pp 6-7

[Article by Prof. Dr. Abdul Aziz: "T.B.: A Serious Threat to National Health"]

[Text] Tuberculosis continues to be a major health hazard and ranks high among the priority health problems in Pakistan. No doubt there has been fair advancement during the past forty years in the basic and operational research fields in tuberculosis, the desired results are yet to be achieved.

The latest tuberculosis prevalence survey in Pakistan reveals infection rate of 54

among population, with 13

of infected children in age 5-9 years and the infection rate is 80

among population 20 years and above. In this survey 1.6

persons aged 10 years and above showed X-ray shadows indicating possibly active tuberculosis and 0.31

revealed sputum smear positivity. Of these infected persons 5 to 10

run the risk of developing tuberculosis disease in their life span. This position is no different in many of the developing countries. Thus nearly 1/2 to 1

of the adult population in developing countries is excreting tubercle bacilli and infecting millions of people as they are spread out in the entire population.

An effective Tuberculosis Control Programme is based upon a country-wide case-finding of smear positives and their treatment with chemotherapy. The epidemiological outcome depends completely on the performance and success of these two factors. For successful results annual risk of infection must decrease by 4

or more, otherwise with our present pace of 1.4

annual decrease and the population explosion we might achieve a 50

reduction in the next 50 years. Our need is properly trained managerial teams of tuberculosis workers with public health training in programme application: this programme should be made available to the people of the community through the peripheral health centres, free of charge, country-wide and on permanent basis.

A large majority of people acting as sources of infection for tubercle bacilli have symptoms awareness and almost 2/3rd of them are conscious of these symptoms, are worried and motivated to seek medical advice if and when available.

To benefit from health services, people must be educated, persuaded and motivated to make best use of the services available. The community participation is augmented by well-organized voluntary associations which in a way are supplement to governmental efforts and which will make a national tuberculosis programme successful. The field workers in these voluntary associations will stimulate people to have their children vaccinated, to seek medical advice when they have symptoms and receive necessary chemotherapy.

Finances are the main problem for the developing countries and stand in the way of implementation of effective basic tuberculosis programme. There is lack of money and especially of foreign exchange needed to import drugs and equipment, etc. It has to be understood that no country is safe from tuberculosis unless this disease is controlled on the entire globe. With today's travels a source of infection with tubercle bacilli can, in a few hours, be brought from a country rich in tuberculous infection to an economically rich country where tuberculosis is under control. No amount of immigration and quarantine regulations can check the transfer of such infections. Therefore, it is imperative that outside assistance must come from the rich and industrialised countries if they are to understand the seriousness of the problem.

It is unfortunate that in the privileged countries, medical profession have lost interest in tuberculosis and the people have the impression that tuberculosis disease is a story of the past. This is evident from the fact that the medical specialists have diverted their attention to other respiratory disease which for them are more interesting. Even the voluntary organizations have changed their names. The NAPT i.e., National Association for Prevention of Tuberculosis in U.K. is now Thoracic and Heart Association. This voluntary organization enlarged its sphere of working by including respiratory diseases in its folds in 1973. However, it continued its name of IUAT till November last year when the office bearers of the organization finally decided to be fully baptised and opted its official name as IUATLD (International Union Against Tuberculosis and Lung Diseases). The medical profession and voluntary associations have a big responsibility to correct this misinformation to their Governments as well as the people by pointing out to them that tuberculosis is as much a world problem today as it ever was. To fully control the tuberculosis problems financial assistance must flow from the privileged countries to the developing world.

The technical and operational knowledge, though effective, have not been able to make tuberculosis disappear. Therefore, I think, further efforts are needed to seek more precise but simpler and better methods to prevent, diagnose and treat tuberculosis. New and cheaper drugs will have to be discovered. The developed world, having controlled tuberculosis, seems to have lessened the pace of research in this aspect. This requires augmentation of all possible measures to find a new approach which should not only prevent the development of infection, but may also make diagnosis easier and drastically reduce the treatment period to eliminate non-compliance by patients.

The establishment of 'Pakistan Chest Foundation' is a welcome step and will prove a base for research orientated to the needs of developing countries within our available resources.

Cigarette smoking is dangerous as it leads to many diseases, shortens life and hastens death.

There is now a vast amount of statistical evidence available showing smoking of tobacco, especially of cigarettes as the main cause of great rise in mortality from cancer of lung. Over 30 retrospective studies have shown that proportionately more cigarette smokers are found among the lung cancer patients than in the control population without lung cancer. Seven prospective studies in Canada, U.S.A., and U.K. including the most recent prospective U.K. study started in 1950 and finalized in 1976, have provided convincing evidence of the association between smoking habits and the attack rate of cancer of lungs. The increased mortality risk from

lung cancer among cigarette smokers compared to non-smokers has been shown as 7 times for those smoking 10 cigarettes a day, 13 times for those smoking 20 cigarettes a day and 25 times for those smoking 30 cigarettes a day.

An important encouraging factor is that lung cancer risk decreases in those who stop smoking. It is halved in those who had stopped smoking for 1-5 years but after 10-13 years cessation of smoking the risk approximates that of individuals who never smoked.

These prospective studies have also revealed that a smoker of 20 cigarettes a day may live 5 years less than he might have done as a non-smoker.

The relative risk of dying from cancer among smokers as compared to non-smokers is manifold. Besides lung cancer, tobacco smoking also leads to other diseases, such as, chronic bronchitis and Emphysema; angina and coronary infarction; peptic ulcer and peripheral artery disease.

At an International Conference on Smoking and Health held in Tokyo, WHO Director-General Dr. Mahler put the death toll from diseases related to smoking tobacco at 2.5 million yearly. He deplored that the number of smokers was on the rise now in the Third World nations because tobacco firms were shifting their promotion campaigns to the Third World from the industrialized nations in the wake of widespread anti-smoking campaign there. Tobacco manufacturing companies are sponsoring cricket matches for days and months in our countries. Can these multinational companies sponsor such programmes today in Europe and U.S.A.? WHO has also decided to designate April 7 next year (WHO Day) as the World's 'No Tobacco Day,' urging the public and the tobacco sellers to restrict the consumption, sale and publicity of this deadly herb on that day. It is a welcome step but needs to be sustained permanently.

08309

### Virus Spreading in Karachi

54004707 Karachi DAWN in English 31 Dec 87 p 4

[Text] Karachi, Dec 30: "Quetta Virus", also known as Congo virus, is suspected to have come to Karachi.

Physicians here have already treated five patients suffering from the suspected infectious haemorrhagic virus ("Quetta virus") since November. One patient died earlier this month after doctors failed to diagnose the disease.

Serum collected from the patients have been sent to the National Institute of Health Islamabad. Results are expected within a week.

According to doctors, the patients suffering from the suspected "Quetta virus" complain of high grade fever, body ache and heavy oral, and vaginal bleeding.

Tics and mosquitoes are believed to be carriers of the virus.

Meanwhile, the patient who died from the suspected virus on Dec 8 in Karachi, Mohammad Subhan (40 years), was mistakenly taken to Landhi Hospital's surgical ward a day before.

Although the patient was profusely vomiting blood, physicians did not suspect he could have haemorrhagic virus and failed to provide the proper treatment.

In two recent cases of suspected viral symptoms the patients recovered in about one week. They were Mr. Shakeeluddin, 25, and Mr. Mohammed Akhtar 30. Specialists first got their blood tests which revealed severe bleeding tendencies.

These patients were then treated symptomatically and given multiple blood transfusions of specialised blood products available from Fatimid Foundation.

Since haemorrhagic virus is highly infective, transmitted mostly through syringes. Specialists said they first isolated the patients and then instituted "Barrier nursing" which means that nurses were instructed to handle syringes so that the virus did not enter their blood stream through cuts and lesions.

Additional precautions were taken to prevent the virus from spreading through the patients' saliva and vaginal secretions.

Two more cases of suspected haemorrhagic virus have also been reported from two private hospitals.

The two patients were given requisite blood products and extreme precautions to prevent the disease from spreading were taken.

Doctors said that in light of the reported cases in Karachi, General Practitioners who came across patients with the haemorrhagic viral symptoms were advised to hospitalise them and put them under the case of specialists.

The Pakistan Medical Association has also been alerted in this regard.

It may be recalled that a few months ago a surgeon from Quetta, Dr. Hameeduddin Warsi, had died in Karachi after refusing to be hospitalised.

Around the same time, several deaths had occurred in Quetta on account of haemorrhagic virus.

/09599

## PHILIPPINES

### Editorial Questions USAID-Sponsored Condoms in Campaign Against AIDS

*Baguio City THE GOLD ORE in English*  
28 Nov 87 p 2

[Editorial: "...New Habits?"]

[Text] Condoms, some 3 million worth P6,000,000, and "displayed like candies" ('to attract customers,' says the Philippine Daily Inquirer report last Friday), will be distributed by the Department of Health (DOH) "for free in sauna parlors, bars and motels as part of the effort to combat acquired immunodeficiency syndrome (AIDS)."

The condoms, donated by the United States Aid for International Development (USAID), will be distributed by club and bar owners in coordination with city or municipal health officials. The Inquirer story interprets this: "The ploy is similar to Thailand's birth control campaign which completely demystified the use of contraceptives, especially condoms. Thailand authorities distributed free condoms, in one case even slipping the prophylactics into cabbages in market places. Thailand's population growth rate plunged dramatically from three percent to 1.6 percent."

The report also quoted a DOH consultant on AIDS as explaining that "the user of the condom is not welcome to many (but) we have to teach new habits to our people." The female doctor "stressed that the DOH did not want to promote immorality but 'safe sex.'"

It was not reported if the free condoms were to be used within the premises of the distribution centers or if these were to be taken home. The "ploy" is aimed at protecting the hospitality girls from being infected with AIDS virus.

There's something that does not seem right about the whole "ploy." While we have not yet placed a more definite finger on it, this whole program does mean that health authorities recognize that their new condom distribution centers are indeed places of sex for sale, or in other words, of "prostitution."

What does Jaime Cardinal Sin and this regime's moral regenerators have to say about this new government "safe sex" drive?\*pli

08309

## ST CHRISTOPHER AND NEVIS

### Medical Association Revived, Elects New Officers

*54400024 Basseterre THE LABOR SPOKESMAN in English 10 Oct 87 pp 1, 2*

[Text] Members of the St. Kitts-Nevis Medical Association met on Thursday of this week, 8th October at the Joseph N. France General Hospital and elected a New Executive to serve for one year. The Association had remained dormant for some time since three officers of the former Executive Committee, Dr. Larry Rawlins, Dr. Ian Jacobs and Dr. Chris Warner had gone abroad.

The new Executive is comprised of the following officers:- Dr. Denzil L. Douglas - President; Dr. Desmond Fosbery - Vice President; Dr. Thelma Phillips-Browne - Secretary; Dr. Leroy E. Richardson - (Treasurer), and Dr. Cuthbert Sebastian, member.

08309

## SOUTH AFRICA

### Commentary Urges Fidelity To Counter AIDS

*MB210534 Johannesburg Domestic Service in English 0500 GMT 21 Jan 88*

[Station commentary]

[Text] The acquired immune deficiency syndrome, more commonly known as AIDS, is spreading—and spreading at an alarming rate. In 1979, when the World Health Organization first asked governments to report on AIDS, only two countries (the United States and Canada) confirmed the presence of the disease. Eight years later, in 1987, 125 countries reported that they had diagnosed cases of AIDS. Last month, the World Health Organization reported that about 150,000 people had AIDS—and, it said, another 150,000 would contract the disease this year, doubling the number of AIDS sufferers in a single year to 300,000. In addition, several million people are carriers of AIDS and, therefore, have the potential to infect others.

The two countries most affected according to statistics reported to the World Health Organization are the United States with more than 49,000 cases, and France with more than 2,500 cases.

Closer to home, Uganda last year reported nearly 2,400 cases—the highest incidence in Africa and the third highest in the world. In just 9 months last year the number of AIDS sufferers in Uganda trebled. In southern Africa, Zaire, Zambia, and Zimbabwe had 1,110 cases between them by the end of last year.

In South Africa, the first two AIDS cases were diagnosed in 1982. There were twice as many cases in 1983 and in the following year the number doubled again. In the four

years between 1982 and 1986 the number of AIDS cases diagnosed in South Africa increased ten-fold. Today there are 98 AIDS sufferers in the country, and 10,000 South Africans are believed to be carriers of this fatal disease.

There is no cure for AIDS and it is unlikely that there will be a cure for many years, perhaps decades.

What is South Africa to do about the AIDS pandemic? Short of policing a quarantine system, with the widespread implications that such action would have, the state's contribution to the fight against AIDS can only be directed along three main avenues.

Firstly, steps must be taken to curb the introduction of new cases into South Africa, and last year it was announced that migrant workers would be screened before they would be allowed to work in the country. Secondly, there is a need to create awareness amongst the public at large of the causes of the disease and how best it can be prevented, and this week an information and advertising campaign aimed at preventing the spread of AIDS was launched. Thirdly, apart from research on the disease, it is the state's responsibility to provide diagnostic and treatment facilities, and these are available at state hospitals as well as through private medical practitioners.

In the final analysis, however, the accelerating spread of AIDS will only be halted by a commitment by individual members of society to sexual morality and a rejection of promiscuity.

Medical experts are generally in agreement that the only safe way of avoiding the dreaded disease is through fidelity, in and out of marriage.

## SPAIN

### High Incidence of Leprosy Noted in Andalusia 54002430 Madrid YA in Spanish 22 Nov 87 p 18

[Article by Florencio Valladares; first paragraph is YA introduction]

[Excerpt] Madrid—It is said that every age has its diseases. It seemed for a while as if infections were no longer our contemporaries, but that is not true. First the AIDS virus demonstrated that we were wrong and now—although there is a big difference between the two problems—there is leprosy. This mythical disease of Biblical and medieval tone was thought to be eradicated from our country but it has surprisingly reappeared under the auspices of poverty in many rural areas. Andalusia, with 5 cases for every 10,000 inhabitants, is now the most infected region in Europe.

Spain, Greece, and Portugal lead in the percentage of people infected with leprosy. The national average is about 3 cases per 1,000 inhabitants but the percentage of

people infected is not evenly distributed by region. Although Andalusia has the highest rate in Europe, the rates in the Basque Country, Extremadura, and Galicia are also worrisome.

A study done by a team of dermatologists led by Dr Jose Maria Carrillo Montesino of Malaga showed that the worst province in Andalusia is Malaga with 510 cases followed by Jaen with 456, Granada with 432, Sevilla with 285, Almeria with 235, Cordoba with 194, Cadiz with 160, and Huelva with 67. The total number of people in the region with leprosy is more than 2,300 out of a population of approximately 7 million people. About 7 percent of the lepers in Andalusia belong to the gypsy community which is one of the population groups most afflicted with this disease.

Alarmed by the results of this study, the Health Council of the Andalusia Junta has decided to get involved. It proposes to initiate an eradication campaign. According to data from an earlier epidemiological report by the Autonomous Andalusian Government, the greatest concentration of infected people in the region live in the rural area. It has been learned that the disease affects almost 65 percent of the population in some parts of Malaga, Almeria, and Jaen.

## Poverty

The doctors consider poverty the primary cause of this major outbreak of leprosy. It is followed by geographical obstacles to reach medical specialists in the provincial capitals, the "neglect" of many patients to report the symptoms that would make the doctor suspect that they are victims of the infection, and the lack of an elemental health infrastructure in certain rural areas.

The dermatologists consulted by this newspaper also blamed the Administration for the small number of leprosy specialists in Social Security. Although none of the doctors who responded to this newspaper knows the exact number, the general impression is that there are not even 40 people in the country with specific training in this disease.

7717

## SWAZILAND

### RSA Pledges AIDS Help

54000057a Johannesburg THE STAR in English  
10 Dec 87 p 7

[Text] Mbabane—The South African Government has pledged to continue its assistance to Swaziland health authorities, by screening Swazi blood samples for the Aids virus until the country's own screening equipment arrives.

The equipment got lost on its way to Swaziland from London.

The pledge was given yesterday by the South African Trade Mission representative in Swaziland, Mr Sam Sterban, when he called on the new Minister of Health, Mrs Fannie Freidman.

/9274

## SWEDEN

### **AIDS Treatment Policy Increasingly Controversial** *54002435 Hamburg DIE ZEIT in German* *11 Dec 87 p 78*

[Article by Heinrich von Tiedemann: "An Authoritarian Utopia? How Sweden Really Deals With Its AIDS Victims"]

[Text] Adelsö is a small, fruitful island in the middle of the Mælarsee [lake], some 25 km east of the city of Stockholm. As the name suggests, something noble, something aristocratic must have transpired there a long time ago, and, sure enough, King Magnus Landulas, by means of a franchise law, founded the Swedish knight-hood class there circa 700 years ago.

Here at Adelsö, where still today impressive chieftains' graves remind one of the might and wealth of the Vikings, the present-day social hygienists of Sweden, it was alleged, wish to establish a quarantine ward for AIDS victims. This, at any rate, is what could recently be read in many newspapers of the Western press, and indignation quivered through each line. This, in turn, has caused indignation among all those charged with dealing in a brutally bureaucratic way with the worst scourge of our day.

So how much truth is there to this scary report, which conforms so perfectly with the Swedish image that we, above all, have so diligently cherished (as exemplified by the following recent quotation: "'Sweden is a spick-and-span, narrow-minded utopia with citizens who have been partially divested of their authority by law, and an authoritarian super-bureaucracy, which if need be can take children away from their parents and intern recalcitrant AIDS victims'").

Anyone wishing to track the effects and consequences of the deadly immune deficiency in Stockholm must indeed visit many offices and ask to speak to an even greater number of public employees. Since 1982, when the first AIDS case was diagnosed in Sweden, the state, which in an absolute sense and almost unopposed perceives itself to be the guardian of social interests, has decided to take mobilization measures. As was the case exactly 20 years ago, when the task was to change the road traffic from left to right, all the stops of mass information are being

pulled, and one takes note of the solidarity of the governing and the governed, which has so often caused the country to be charged with conformism.

The horsemen riding against the apocalyptic HIV virus are no longer aware of any political parties, they conjure up solidarity with a single voice. At a recently held conference, titled "HIV at the Workplace," they all sat harmoniously on the podium, politicians, entrepreneurs, union officials, sociologists, doctors, and bacteriologists, each carrying an expression of determination to defy the disease and to assist its victims with word and deed.

Also the representatives of the private groups, who already before the onset of the AIDS era had looked after the problems and needs of the drug addicts, the homosexuals and Lesbians, spoke out and found complete understanding. Without the service of these Samaritans of the railroad stations and the backyards, thus a high-ranking bureaucrat, all efforts would be in vain anyway. No wonder that the closing debate wound up being harmoniously attuned statements, and that the opinions regarding the strategy to be employed in the campaign were almost identical. Given the tendency of Swedish experts not to leave out the slightest detail, it had become quite late anyway, and the joint attendance of a theatrical performance was still planned. The [theater's] program listed a piece titled "Are There Tigers in the Congo?", the dramatized psychogram of an AIDS victim in Swedish everyday life.

In other areas, as well, authors, actors and amateur dramatic theaters have devoted themselves to the omnipresent topic. A sort of "everyman" literature appears to be arising, very much in accordance with the wishes of the state "AIDS delegation," which controls the scenario from above with the multifingered hand of social welfare. In this body, created in May 1985 and headed by Social Minister Getrud Sigurdson, all five parties of the Riksdag are represented. In addition, there are delegates of central and regional offices, as well as medical experts.

Controlling the spread of AIDS and thus checking it is the uppermost objective. The HIV infection has meanwhile been added to the law on epidemics that has long been in existence. This means that a physician who has determined the presence of an infection of this type must report it. According to regulations, this involves the release of sex, age and town/city of residence, but not the personal [identification] number, which for a Swede is almost more important than the name. Aside from this, an effort is to be made to determine the high-risk group, assuming one will then know what it is—all this for epidemiological-statistics reasons, according to assurances given by Johann Wallin, the medical advisor of the AIDS delegation.

Anyone considered contaminated [infected] as defined by law is entitled to free medical and psychological treatment—as has always been the case in Sweden. But he is also obligated, as an individual, to preclude the

infection of others by him. He is thus prohibited, in the event he is a drug addict, from sharing his fixing utensils with others and seeking sexual traffic without calling attention to his infection, whereby it goes without saying that he must employ the commonly available protection measures.

In the event the patient violates the obligations imposed on him, gets out of control, so to speak, becomes a prostitute, perhaps, the attending physician must notify the public health authorities, this time with complete name and address. This is followed by official admonitions and finally compulsory measures. In the past 2 years, according to Johann Wallin, there have been three such cases. These HIV-infected persons, all highly addicted to drugs, had been admitted to community hospitals following regular legal proceedings. There, to be sure, they had created most serious problems. One had thus struck upon the notion of establishing a hospital for patients of this kind, if necessary, complete with doctors, psychotherapists and attendants capable of dealing with a task as difficult as this.

But why on Adelsö, on an island, of all places? Well, yes, but in Stockholm one is really surrounded by water everywhere, says Johann Wallin, and the island was after all densely populated and not the lonely, inhospitable rock in the ocean one would surmise from the foreign press reports. No camp confinement, then, for "recalcitrant" AIDS victims? In replying to this insinuation, our conversational partner cannot suppress the somewhat self-satisfied-sounding remark that in Sweden no one could be put in jail because of willfully spreading HIV viruses, as recently happened in the FRG.

Change of scenery. On the top floor of a public hospital in the old picturesque city district of Söder, the "Noah's Ark" has established itself. A large, gaily colored room; a dozen busy young people; the smell of coffee, as everywhere where Swedes will be for more than a quarter hour. The ark, which will soon establish a new, larger home in downtown Stockholm, does all credit to its symbolic name. Originally planned so as to offer bisexual men the possibility of a "natural association," it now serves as a life raft for all who feel threatened by the AIDS tidal wave. The association, which meanwhile has also opened branches in Sweden's two other major cities, Goeteborg and Malmö, wanted to be an alternative to state-sponsored social welfare, to offer warmth of the nest to fringe groups.

The situation changed with the advent of AIDS. Joining the volunteer laymen were the professionals—physicians, psychologists, nurses. After finishing their day's work with the state health service, they make themselves available, in return for a small expense allowance, to the permanent staff of "Noah's Ark." It all began with two permanent employees. Today they can count on more than 500 helpers in Stockholm alone. The authorities were very quick to recognize the effectiveness of this

private initiative and do not wish to stand idly by. For some time now they have been helping with subsidies, and the Red Cross as well has become a partner by making a financial pledge.

"Noah's Ark" is somewhat comparable to a first-aid station. Via a telephone number that can be dialed at the local-call rate from anywhere in Sweden, AIDS victims, infected persons, their relatives, and even persons who are only frightened, can pass on their concerns. An office occupied around the clock arranges for counseling and conversation, and above all for bringing together those affected. To get and remain in contact with one another, to identify with the experiences of others and take comfort and courage from them, these are the things that are evidently especially important for the visitors to "Noah's Ark." Medical treatment of the disease and examination for possible infection are not the mission of the voluntary accomplices. They are not fighting the HIV virus directly, but the bacillus of prejudice and precondemnation, which with the advent of this still incurable disease has spread far more quickly.

Just like everywhere else as well, AIDS victims in Sweden see themselves threatened by isolation. The director of the Institute for Social Studies, Benny Henriksson, reminds us that fear of the unknown evil led to grotesque conduct in the old Swedish peasant society. For example, people at that time had been convinced that rachitis, the so-called "English disease," could be transmitted by eye contact. Stutterers, gypsies and vagrants were discriminated against as unclean, and now, with AIDS, there was the prospect of a modern-day repetition of such atavisms. A development [trend] in this direction was thus far not detectable, to be sure, but the danger was ever-present, he stated. And with that Henriksson reads the riot act to the mass media.

I asked the people from "Noah's Ark" if they believed the anti-AIDS campaign initiated and controlled by the state to be good and appropriate, and how they assessed their cooperation with the authorities. The reply was definitely positive. Really no objections? Well, no, not really. "The state does its job, and we do ours." More critical voices came from another group, one more or less independent of the state, the "National Federation for Sexual Equality," which for years has been striving for freer social intercourse between the sexes. What is criticized by that group is that, especially in the factories, the risk of infection with AIDS is constantly being talked about, to be sure, along the lines of medical shop-talk, but a systematic education program with respect to "safer sex" is in no way being offered. What is needed here is that everyone, down to the very last employee and worker, have the manifold possibility for a healthy, safe and yet enjoyable sex life brought to his or her attention by means of visual aids. As someone to whom these remarks were directed, the company doctor of Sweden's largest automobile plant promised to give consideration to this suggestion.

The researching reporter cannot help but get the impression that the Swedes, with respect to their handling of AIDS, are, if not optimistic, at least quite hopeful. They stress again and again that the registration of the infected persons does not violate their personal integrity, since for the most part this is done on an anonymous basis, and that the results justify the measures taken by the state and support their effectiveness. Reference is made to a marked decline in the number of new AIDS infections. Statistics as of 31 October 1987 list 1,642 clinically registered HIV-positive persons (of these, 424 are drug addicts, 90 were infected by blood reserves, 859 are homosexuals or bisexuals), 145 persons suffering from AIDS, and a total of 74 [AIDS-related] deaths to date.

The demand for compulsory testing or mass examinations is rejected by the authorities. To date approximately 1 million Swedes have voluntarily had their blood tested. The frequently voiced suggestion that specific occupational groups be subjected to testing for AIDS has likewise not been considered thus far. Swedes sent abroad in an official capacity can, to be sure, be asked to have their blood tested, since, especially in tropical countries, they are exposed to other unpredictable infections.

For many social problems, Sweden has employed and propagated its own and often quite willful solutions, and in the process has reaped much praise and sometimes even more criticism. At the moment, the—as seen by the skeptics—“two-faced” welfare state is once again being eyed with suspicion. Rash judgments are easy to make, to be sure, but they are no substitute for data based on facts. AIDS puts the social and moral quality of every society to the test.

Caption of photo: The Stenby farm on the island of Adelsö. “Here Sweden is establishing its first camp for AIDS victims,” so reads the scary report.

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## TANZANIA

### Government To Launch 5-Year AIDS Program

54000046 *Dar es Salaam TANZANIA DAILY NEWS in English 8 Dec 87 p 3*

[Article by Daniel Mshana]

[Text] A five-year National AIDS Control Program (NACP) will be launched early next year, the Acting Vice Chairman of the National AIDS task force, Professor S. Y. Masele, announced in Dar es Salaam yesterday.

He said the programme would encompass both governmental and non-governmental AIDS control programmes as the one launched by the Evangelical Lutheran Church of Tanzania (ELCT) in the city yesterday.

The ELCT programme was launched by Rev Isaac Ole Landei, on behalf of the head of the ELCT, Bishop Sebastian Kolowa.

At the launching ceremony the Swedish church handed over to the ELCT some 24 AIDS screening equipment worth 75m/- which would be distributed to 14 ELCT hospitals in the country.

Professor Masele told ELCT medical personnel, who attended the ceremony and a seminar on how to handle the equipment, that the government would spend over 13 million US dollars (988m/-) for the control programme in Tanzania Mainland and Zanzibar.

He said in the first year, about 4.1 million US dollars (312m/-) would be spent for the programme, an amount he said was raised in a donors meeting held in Dar es Salaam last July.

He said a national management committee would be set up to oversee the implementation of the programme. It would compose of the officials of the Mainland and Isles health ministries and representatives of the World Health Organisation (WHO).

A programme manager would be appointed to advise the ministry on technical issues and monitor day-to-day implementation of the program, he explained.

Four functional officers would also be appointed to man the information, communication and education unit; administration unit; prevention unit and immunology unit.

/9274

### AIDS Precautions May Cause Decline in VD Cases

54000044c *Dar es Salaam TANZANIA DAILY NEWS in English 30 Dec 87 p 3*

[Text] The reported decline in cases of venereal diseases in some of the country's hospitals may be the outcome of campaigns urging people to lead a safer sexual life.

An official of the National Task Force on the Acquired Immune Deficiency Syndrome (AIDS) said in Dar es Salaam yesterday that the AIDS scare had contributed to lowered incidents of venereal diseases. There were reported reductions in many parts of the country, he added, the official was responding to reports from Kagera Region that cases of venereal diseases were now almost nil following anti-AIDS campaigns in the region. AIDS was first reported in Tanzania, Kagera Region in 1983.

A health campaign has since then been launched in the region and throughout the country to make the people aware of the disease and to promote safer sex practices.



These include reducing the number of one's sexual partners and the use of condoms during sexual intercourse.

The National AIDS Task Force official said the reduction in venereal diseases could have been brought about by a reduction in promiscuity, and practising safer sex—the use of condoms.

The official added that the importation of condoms was an integral component of the national AIDS control programme. But he admitted that the protective pyrophylactics could not be secured in desired quantities due to lack of foreign exchange.

Individual businessmen, particularly those operating pharmacies, are importing the items but they apparently do not satisfy the demand which is on the rise.

The other importer is the Tanzania Family Planning Association (UMATI) which mainly distributes the condoms for the purposes of birth control.

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#### AIDS Statistics in Kagera Region Cited

54000235b Dar es Salaam TANZANIA DAILY NEWS  
in English 26 Nov 87 p 3

[Text] Participants to the Christian women communicators workshop in Dar es Salaam have raised concern over the rapid increase in the number of deaths caused by the deadly Acquired Immune Deficiency Syndrome (AIDS) disease in the country.

Addressing fellow participants on the disease, Ndugu Grace Bayona from the African Evangelical Enterprise (T) (AEE) said the disease had affected a number of families in Kagera Region and the situation right now was pathetic.

Giving an example she said, an eleven-man family is now left with only a mother and father, after all nine children had been killed by the deadly disease last year.

It does not need one to think twice to weep over the pathetic situation of this poor couple who were once surrounded by their children but now none was there," she said.

Ndugu Bayona, giving her experience with AIDS patients whom she had visited some months ago, said most of them looked hopeless and some took Thiodan for quick death.

According to statistics by Dr Eliapendavyo Shao, of the World Vision, From January to March this year out of a total of 45 people reported to have had AIDS in Kagera Region 40 had already died.

"These were only those who had reported to hospital. What about those who were dying at home? They should be in hundreds," Ndugu Bayona noted.

When the disease was known to have spread in the country, in 1983 Dr Shao showed in his Kagera chart, two men and woman died of AIDS while in 1984 out of 45 men and 31 died. This year out of 58 women 54 died.

Last year the number of men rose to 308 patients out of whom 145 died while of the 217 women 119 died of the disease.

The age which is affected Ndugu Bayona observed was between 10 to 60 years. "This group is supposed to be the country's future soldiers, scientists, engineers, doctors and others. Does it mean in the coming years Tanzania will have to import its doctors, nurses, scientists, engineers and others?" Ndugu Bayona asked her fellow participants.

The participants deliberated on the problem and called on all concerned ministries and institutions to cooperate so as to wage effective war against the disease.

/12232

#### Bilharzia Affects Half Islands' Population

54000044a Dar es Salaam TANZANIA DAILY NEWS  
in English 1 Jan 88 p 3

[Excerpt] Meanwhile, about 45 percent of the Isles population is suspected to have been attacked by and treated against bilharzia, the House was told.

Answering Ndugu Mbwana Isles Minister for Health, Ndugu Maulidi Makame Abdullah, said of the 15,000 people surveyed in the Isles last year, 7,789 were found to have bilharzia.

However, he said, his ministry had already launched a bilharzia control programmed under which massive survey on the disease situation had been carried out with treatment provided to victims. About 11.4m/- would be needed to revive the water supply system of the Pemba North Region which is in bad shape.

Answering Ndugu Haji Faki Vuai (Gando) who had wanted to know the ministry's plans to ensure whether water supply in the region, the Minister of Information, Ndugu Ramadhani Abdallah Shaaban, on behalf of Minister Idi Pandu Hassan, said there were seven water pumping houses in the region which needed serious reconstruction.

He said until and when the ministry would be financially sound, the problem of water in the region would continue.

/9274

### **Malaria Decreases on Zanzibar**

54000044b *Dar es Salaam TANZANIA DAILY NEWS*  
in English 31 Dec 87 p 3

[Excerpt] The Zanzibar Ministry of Health has emphasized that the insecticide known in its abbreviated form as DDT is suitable for household spraying against malaria-causing mosquitoes, it was announced in the House of Representatives in Zanzibar on Tuesday.

Answering a question in the House on behalf of the Minister for Health, the Isles Minister for Education, Ndugu Omar Mapuri, said chloroquine was still a suitable drug for the treatment of malaria.

The question was asked by Ndugu Seif Hamad (Utaani) who wanted to get a progress report on the anti-malaria campaign in the Isles.

The Minister said reports had shown a decline in malaria cases in some of the Isles districts.

He said in districts in Zanzibar there had been a decline in malaria cases.

He said that in North "A" District the disease had been reduced from 69.4 to 54.3 percent between 1983 and last year.

He said in Pemba's Wete District, malaria cases had dropped from 59.1 percent to 22.5 percent while in Micheweni District it had dropped from 51.8 to 32.0 percent.

During the same period, cases had fallen from 45.6 to 45.2 percent between 1984 and last year. In Mkoani District, malaria cases dropped from 51.7 percent to 35.00 percent during the same period, he added.

/9274

### **Fifth Cholera Fatality Reported**

54000235a *Dar es Salaam TANZANIA DAILY NEWS*  
in English 3 Dec 87 p 3

[Text] Kigoma—A resident in Kigoma town died of cholera, yesterday. He is the fifth person to die since the outbreak of the disease early last month SHIHATA reported.

The Kigoma Regional Medical Officer, Ndugu Amiri Msangi, said however that there were now enough medicine to fight the disease although he appealed to the people to adhere to health regulations to avoid contracting it.

When the disease broke out, there was insufficient medicine, thus compelling the health authorities to obtain them from the Catholic hospital at Kabanga, Kasulu District.

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## **THAILAND**

### **Health Minister Gives Overview on AIDS Situation**

54004306 *Bangkok SIAM RAT SAPDA WICHAN* in  
Thai 18-24 Oct 87 pp 16-18

[Unattributed report: "The Government and AIDS, Don't Wait Until the Horse Has Bolted To Close the Gate"]

[Text] AIDS is creating serious public health and socioeconomic problems. This disease is now spreading throughout the world. Thailand is one of the countries where this deadly disease is spreading, and the trend is for a large increase in the number afflicted. The Ministry of Public Health is aware of this problem and of the importance of this great threat. It held a seminar on AIDS for the mass media on 12 October in the Phloenchit Room of the Imperial Hotel.

The objective was to inform those present about AIDS and announce the government's policy and the steps being taken to prevent and control AIDS in Thailand so that the mass media can serve as the intermediary in providing the people with correct information.

### **Policy on Preventing and Controlling AIDS**

As the chairman of this seminar, Mr Toetphong Chaiyanan, the minister of public health, announced the government's policy on preventing and controlling AIDS. He said that the Ministry of Public Health is fully aware of the importance of the AIDS problem, which first appeared in Thailand in 1984. Steps have been taken to prevent the spread of this disease using correct methods. For example, the Department of Communicable Disease Control and the public and private units concerned have examined blood samples in an effort to determine who has AIDS and who has come in contact with the disease. Blood tests have been given in an effort to locate AIDS carriers in the groups that are at risk, such as homosexuals, prostitutes, and drug addicts and in blood donors, Thai workers in the Middle East, prisoners, and people who exhibit suspicious symptoms.

The Ministry of Public Health established an AIDS Control Coordination Committee in 1985, which was reorganized in 1987. The committee is composed of 16 members from both the public and private sectors. The committee's task is to stipulate lines and methods to

prevent this disease and lines to provide health education to the people and carry on public relations activities. The committee also coordinates the various activities concerned.

Besides this, in 1985 the Ministry of Public Health announced that AIDS is a communicable disease that must be reported in accord with the Communicable Disease Act. In 1986, the ministries of public health and interior jointly announced a Ministry of Interior order, which was based on the Immigration Act, prohibiting those suffering from AIDS or AIDS carriers from entering the country and requiring such people to leave the country. A clinic was established in the Phatphong area to screen people for AIDS, and a special ward was prepared at the Bamrat Noradun Hospital to treat AIDS patients. The disease laboratories at various public and private institutes were improved so that they could test blood samples for AIDS on a broader scale. Seminars were held for doctors and the medical personnel concerned, and advice on how to conduct themselves was given to AIDS patients and carriers and those who have come in contact with the disease in order to prevent the disease from spreading.

As for what is being done to provide information and carry on public relations activities concerning AIDS, Dr Thoetphong said that the Ministry of Public Health and the AIDS Control Coordination Committee are fully aware of the problem and realize the effects that AIDS has on the families of AIDS patients and carriers. They are aware of the psychological, cultural, political, and socioeconomic effects of this disease. Initially, when very little was known about AIDS, the people were given incorrect information about this disease. This led to misunderstandings and caused great alarm and a negative reaction. This had a major impact, particularly on sending Thai workers to the Middle East and on the tourist industry.

Initially, health education focused on disseminating information about AIDS to those people most at risk of contracting the disease, such as homosexuals, prostitutes, drug addicts, and prisoners. At the same time, information on AIDS was gradually disseminated to other groups such as laborers and students. To date, much information has been disseminated. In this, the mass media has cooperated well in order to inform the people about AIDS gradually, relieve their fears, and teach them what they can do to help prevent this disease from spreading. The Ministry of Public Health has established AIDS information centers at the Information and Public Relations Center, Office of the Under Secretary of Public Health, and at the Communicable Disease Coordination Center, Department of Communicable Disease Control. These centers will provide up-to-date information on AIDS to those interested.

The Ministry of Public Health has also implemented an AIDS Prevention and Control Program, and a special budget to support this program has been approved by the

cabinet. The World Health Organization and the U.S. Agency for International Development have been asked to provide help in order to expand the search for carriers, step up health education and public relations activities, hold more training seminars, and do more research on this. This will help prevent the spread of AIDS in Thailand. The Ministry of Public Health hopes that the public and private units concerned will cooperate well and help coordinate things.

The Ministry of Public Health has stipulated the following policies on preventing and controlling AIDS:

1. The policy of the Ministry of Public Health is to do everything possible to prevent and control the spread of AIDS in Thailand so that this disease no longer poses a health problem here.
2. The policy of the Ministry of Public Health is to do everything possible to prevent and reduce the problems and effects of AIDS patients and carriers to the point where this is no longer an economic and social problem.
3. The policy of the Ministry of Public Health is to cooperate with public and private units, both domestic and foreign, in carrying on activities to prevent and control the spread of AIDS and the effects of this disease.

As for the policy on carrying on public relations on AIDS, the following broad framework or general direction has been stipulated:

1. In carrying on public relations activities concerning AIDS, the public and private units concerned must have the same lines, limits, and directions. Public information and public relations activities must be coordinated.
2. In carrying on public relations activities on AIDS, care must be taken to ensure that Thailand's image is not damaged and that nothing is done to reduce the admiration other countries have for Thailand. That could have political and socioeconomic effects, particularly on the tourist industry during Visit Thailand Year.
3. The units and individuals involved in carrying on public relations activities on AIDS must avoid publicizing their own qualities or saying too much about the activities of their unit. They must not do anything that will create misunderstanding concerning AIDS or the activities of other public and private units. This could cause splits and affect national security.
4. The public relations activities on AIDS must not overly alarm the people or those in various institutes. This could lead to turmoil and unrest.
5. The common objective of all public relations activities should be to help prevent and control AIDS.

"The policies on preventing and controlling AIDS and on carrying on public relations activities on AIDS that I have been discussed here are probably clear enough that the public and private units understand the great resolve of the Ministry of Public Health to take steps to solve the problems concerning AIDS. The under secretary of public health, the director-general of the Department of Communicable Disease Control, and other experts will discuss the details during this seminar. I hope that all the public and private units concerned will cooperate fully and use these policies to stipulate directions and provide a framework for stipulating lines of action to deal with AIDS in a proper, smooth, and efficient manner."

Mr Thoetphong closed by saying that "recently, I had a chance to talk with Professor Montakneair, the man who discovered the AIDS virus, at the Pasteur Institute in France. He told me several things. For example, the people in a country are not all equally at risk of contracting AIDS. Their chance of contracting this disease depends on their racial background and life style. It is hoped that a drug and vaccine will be developed in the near future. Thus, there is hope that Thailand will be able to prevent the spread of this disease, because this has not been a common disease here. If the people understand AIDS and cooperate in preventing this disease and the public and private units concerned carry on public relations activities resolutely and properly, I am confident that Thailand is prepared to prevent the spread of this disease."

#### Course of Action

Dr Phairot Ningsanon, the under secretary of public health, discussed the main methods to prevent and control AIDS:

1. A nationwide organization must be established to locate, monitor, and supervise AIDS patients and carriers. This must begin in the provinces with tourist attractions and in the provinces with the zone venereal disease centers and communicable disease coordination centers, 12 zones.
2. The people who have a great risk of contracting AIDS include homosexuals, prostitutes, drug addicts, prisoners, people who exhibit suspicious symptoms, and people who have returned from countries where AIDS is a major problem. The provinces and localities where AIDS outbreaks are likely include Bangkok Metropolitan, Pattaya, Chiang Mai, Phuket, and Nakhon Ratchasima.
3. A suitable apparatus must be developed for periodically checking blood samples to discover which people among the groups at risk carry the disease. This must be done through the venereal disease clinics, the AIDS clinics, the family planning clinics, the AIDS examination teams, and the clinics of the public and private hospitals concerned.

4. Manuals on examining, treating, and monitoring AIDS patients and carriers and those who have come in contact with the disease must be prepared in order to have standards and provide guidance in carrying on things uniformly.

5. Operations lines and criteria must be stipulated in order to prevent AIDS with respect to blood donations, blood banks, the production and distribution of products made from blood, blood donors, drug addict rehabilitation clinics, blood transfusions, the use of products made from blood in treating diseases, the donation of organs, and the replacement of organs.

6. Training seminars must be held for doctors and the medical and public health officials concerned so that they have sufficient knowledge concerning AIDS. People must be examined for AIDS, and patients must be treated and monitored. AIDS experts must be trained, and officials must be trained to locate, control, and give advice to AIDS patients and carriers and those who have come in contact with this disease.

7. A data and information system must be established. Information must be disseminated, and public relations activities must be carried on using every type of health education medium, including the mass media. Suitable reporting procedures must be established.

8. Manuals must be prepared for officials attached to the various operations offices and the medical and public health officials concerned to help protect them from becoming infected by the AIDS virus. Medical implements and equipment must be provided.

9. Medical research and applied research in the field must be supported in order to increase our knowledge and understanding. Tools and data that will facilitate AIDS prevention and control activities must be developed.

Under Secretary Phairot said that public relations activities on AIDS are very important. These activities will help solve the problems and reduce the exaggerated fears of the people. In order to reduce the fear of AIDS, the Ministry of Public Health will establish AIDS public relations units that will provide telephone services. This will get underway in Bangkok Metropolitan. People can call 282620-3 or send letters to P.O. Box 282.

However, with respect to the details discussed at this seminar, SIAM RAT SAPDA WICHAN has already reported most of these things on previous occasions.

#### The AIDS Situation in Thailand (As of 12 October 1987)

The statistics on AIDS patients and carriers in Thailand show that since the first case was discovered here in September 1984, there have been a total of 12 cases. Of

these, four were foreigners. One of these died in Thailand, and the other three left the country. Of the eight Thai patients, only three are still alive. They are under close medical supervision.

Besides this, a number of Thai have been found to be carriers of the AIDS virus. These include people who exhibit AIDS symptoms and those who do not exhibit any symptoms. The breakdown is as follows:

People who exhibit AIDS symptoms: 25 cases divided as follows:

Homosexuals or bisexuals: 18 cases. Heterosexual men: 2 cases. Heterosexual women: 5 cases. Today, 24 are in Thailand

AIDS carriers who do not exhibit any symptoms: 93 cases divided as follows:

Homosexuals or bisexuals: 23 cases. Heterosexual men: 1 case. Heterosexual women: 8 cases. Intravenous drug addicts: 61 cases. Today, 92 are in Thailand

#### **Summary of Number of Thai Who Have the AIDS Virus**

AIDS patients: 1984, 1 case; 1985, 1 case; 1986, no cases; 1987, six cases; total, 8 cases.

AIDS carriers who exhibit symptoms: 1984, no cases; 1985, 6 cases; 1986, 8 cases; 1987, 11 cases; total, 25 cases.

AIDS carriers who do not exhibit any symptoms: 1984, no cases; 1985, 5 cases; 1986, 10 cases; 1987, 78 cases; total, 93 cases.

Five of these Thai have died and two have gone abroad. Today, there are now 119 still living in Thailand. As for how these people were discovered, some had symptoms or suspected that they had the disease and went to a hospital for an examination. When the doctors discovered that they had the AIDS virus, they reported this to the Ministry of Public Health so that steps could be taken to control the disease. At the same time, the Ministry of Public Health conducted random examinations for AIDS. Blood tests were administered to people in the groups most at risk of contracting AIDS. The results were as follows:

#### **Number of People Tested for AIDS (As of 9 October 1987)**

1. Male prostitutes: 1985: tested, 228; positive, 4; 1986: tested, 1,250; positive 9; 1987: tested 1,176; positive, 56; Total: tested, 2,656; positive 69.

2. Female prostitutes: 1985: tested, 117; positive, zero; 1986: tested, 2,880; positive, zero; 1987: tested, 9,816; positive, 7; Total: tested, 12,873; positive 7.

3. Heterosexual males: 1985: tested, 200; positive, zero; 1986: tested 309; positive, zero; 1987: tested 150; positive, zero; Total: tested, 659; positive, zero.

4. Laborers: 1986: tested, 46,129; positive, zero; 1987: tested, 65,714; positive, zero; Total: tested, 111,843; positive, zero.

5. Blood donors: 1985: tested, 100, positive, zero; 1986: tested, 4,990; positive, 6; 1987: tested, 39,651; positive, zero; Total: tested, 44,741; positive, zero.

6. Prisoners: 1987: tested; 15,877; positive, 78; Total: tested, 15,877; positive, 78.

7. Drug addicts: 1985: tested 99; positive, zero; 1986: none tested; 1987: tested, 612; positive 6; Total: tested, 711; positive, 6.

Total: 1985: tested, 804; positive, 4; 1986: tested, 55,560; positive, 15; 1987: tested, 132,996; positive, 147; Total: tested, 189,360; positive, 166.

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#### **Government, Others React to Spread of AIDS**

##### **Bangkok Prison Authorities Report Cases**

54004310 Bangkok NAE0 NA in Thai  
21 Sep 87 pp 1, 3

[Unattributed report: "AIDS Found in 71 Prisoners at the Khlong Prem and Bang Khwang Prisons"]

[Excerpt] Public health officials are urgently testing the blood of prisoners at various prisons in order to find AIDS carriers. They have already found 71 cases at two large prisons in Bangkok Metropolitan. Most are narcotics offenders. Urgent steps are being taken to expand testing capabilities to another 15 hospitals and centers nationwide.

In an interview on 20 September, Dr Thira Rammasut, the deputy director-general of the Department of Communicable Disease Control, said that the Ministry of Public Health has taken urgent action to test the blood of prisoners at all prisons in Bangkok Metropolitan. Prisoners at provincial prisons will be tested, too. Those prisoners convicted on drug charges will be tested first. The purpose of this is to find out which prisoners carry the AIDS virus. To date, 5,360 of the 6,000 prisoners at the Khlong Prem Prison and 6,370 of the 7,000 prisoners at the Bang Khwang Prison have been tested.

"To date, about 71 Thai and foreign drug offenders have tested positive for AIDS."

There are six other prisons in Bangkok Metropolitan where blood tests must be given as soon as possible: The Bangkok Special Prison with 4,000 prisoners, the Women's Prison with 2,500 prisoners, the Juvenile

Prison with 1,800 prisoners, the Bang Khen Special Treatment Center with 3,200 prisoners, the Minburi Special Prison with 500 prisoners, and the Minburi Juvenile Prison with 500 prisoners. Tests will be administered as soon as possible. After that, tests will be given to prisoners in the 115 provincial prisons, which presently house approximately 90,000 prisoners.

Dr Thira said that the AIDS Prevention and Control Committee of the Ministry of Public Health has contacted seven companies that produce implements and chemicals used in testing for AIDS. An initial agreement has been reached in order to expand AIDS testing capabilities to 15 hospitals and centers throughout the country. These companies will provide the implements free of charge to the hospitals and centers. The charge for the chemical solution will be approximately 30 baht per item. The ministry is now considering the budget, and things are being coordinated with the provincial Red Cross groups, which receive donated blood.

"This will enable us to expand the testing of blood donors, and we will be able to speed up the testing of people in the provinces who are in high-risk groups. Such people include homosexuals, prostitutes, and drug addicts in prisons and at the drug clinics. The Medical Department presently operates more than 100 such clinics in the provinces. The expansion of these activities in the provinces will get underway in October."

The deputy director-general of the Department of Communicable Disease Control added that the department will hold seminars for the mass media and for practitioners in cooperation with the Labor Department and the Department of Public Welfare in order to inform everyone about this problem and to prevent people from becoming overly alarmed. A seminar will be held in October. And a seminar for national-level public health officials will be held in November.

#### **Monks Said To Be at Risk**

*Bangkok DAILY NEWS in Thai 11 Sep 87 pp 1, 2*

[Excerpts] On 10 September at the Asia Hotel, the Tourist Organization of Thailand [TOT] and the Ministry of Public Health held a seminar on the topic "Public Relations Concerning AIDS." The seminar was attended by those concerned with carrying on public relations activities on AIDS. A report based on a survey conducted by doctors from Chiang Mai University revealed some very disturbing figures. The survey found that 28 monks in Chiang Mai have engaged in homosexual activities. Today, homosexuals are considered to be at risk of contracting AIDS. They should get a blood test in order to find out if they have the virus and to find ways to prevent this disease before it is too late.

At the seminar, one doctor told how it had been learned that monks were engaging in homosexual activities. He said that this was discovered by accident. Tests for the AIDS virus were given to homosexuals at a prison. It was

learned that one prisoner, who had been sent to prison for raping 10 novices, had been a monk before. After he committed this horrible crime, he was arrested and disrobed. Investigations at various temples revealed that a number of monks are homosexuals. During a period of 3 months, 28 monks were found to be homosexuals. They were questioned about their behavior and given physical examinations and blood tests in order to determine if they carried the AIDS virus.

Besides this, the same doctor told about his experiences at a particular temple. He said that one of the senior monks at this temple was a homosexual. Concerning homosexual behavior among monks, he said that the data indicate that youths are being urged to engage in homosexual activities by monks and teachers. They become close to the monks, and the monks ask to caress and fondle them, paying them 100 baht for this. Later on, they are paid more depending on the services provided.

At the morning session of the seminar, Mr Thoetphong Chaiyanan, the minister of public health, applauded the good intentions of the TOT. He said that even though AIDS was brought into Thailand from abroad only recently, this communicable disease poses a great danger. It has caused public health problems and affected the economy and society. It has also had psychological, cultural, and political effects.

It is essential to carry on public relations activities to improve the country's image. It is wonderful that proper public relations activities on AIDS are being carried on. In 1985, the Ministry of Public Health established an AIDS Control Coordination Committee, which was reorganized in 1987. The committee is composed of 16 members from public and private units. The committee stipulates lines and measures for guarding against this disease and for educating and carrying on public relations activities among the people.

There have been reports that a surgery patient was given a transfusion of blood infected by the AIDS virus. The Ministry of Public Health just learned of this from the press reports. It has ordered officials to find out whether this patient actually has AIDS. The minister of public health said that he knows that this patient received blood that was donated in 1986. That was when blood donations were still being accepted from prisoners. That was because there was a blood shortage. Not every bottle of blood donated was checked for the AIDS virus, because the AIDS situation was not very serious then.

#### **Nation Leads Asia in Cases**

*Bangkok MATICHON in Thai 28 Jul 87 p 2*

[Unattributed report: "Thailand Leads Asia in AIDS Cases; Nurses Who Care for AIDS Patients Should Not Worry About Contracting the Disease"]

[Excerpt] Thailand leads Asia in the number of AIDS cases. Nurses who look after AIDS patients must be careful about cleanliness. But they shouldn't worry about contracting the disease.

At 1330 hours on 27 July at the Wachirayanwong room of the Chulalongkorn Hospital, a seminar was held on the topic "Nurses and AIDS." Mrs Sommat Soi, the head of the Welfare and Occupational Training Section, Emergency Shelter, and a former nurse at a hospital in Chicago in the United States, presented a paper.

Mrs Sommat said that the time has come for every section to cooperate in fighting AIDS. Because the statistics compiled by the Thai government show that approximately 77 Thai have AIDS, and 7 have died. Even though few people have died from AIDS, because of the number of people who carry the AIDS virus, the number of people infected will increase rapidly. Many people will become infected. This is clear from the number of AIDS patients in the United States, where the number of cases has increased in less than 1 year. Today, there are 37,019 cases there.

Mrs Sommat said that Thailand now has the largest number of AIDS cases in Asia. The government should provide support by increasing the budget for disseminating information and conducting research on AIDS at the universities and hospitals in the country.

#### Potential Victims

*Bangkok MATICHON in Thai 22 Aug 87 p 7*

[Article by Instructor Yui, Children's Foundation, Children's Study Group: "AIDS Is Approaching Thai Children and Youths"]

[Excerpts] In Thailand, people periodically become alarmed about AIDS. But at the same time, a great effort is made to encourage foreigners to visit Thailand. This was even designated as Visit Thailand Year. This was done at a time when AIDS is spreading among Westerners. And this was done without considering the danger that this poses to our country, that is, AIDS could spread rapidly here.

Seven people have already died from AIDS and four others are waiting to die. This has greatly increased people's awareness of this. At the same time, the number of homosexuals in Thailand is increasing. This includes both gay "queens" and gay "kings."

This trend poses a great danger for Thai children and youths in the near future. At present, there are about 500,000 youths who work as prostitutes. There are another 30,000 boys and girls who work as prostitutes. There are about 300,000 youths who are addicted to drugs. And the number of gays is increasing rapidly.

This is the risk facing our children and youths, who are coming in closer and closer contact with AIDS. What can we do to protect our country's future? Because even in this initial period of monitoring and controlling AIDS patients, things are being done very inefficiently.

A report by the Public Health Subcommittee stated that "today in Thailand, there are approximately 100 people in the pre-AIDS stage. But only half of these are being monitored and given treatment."

This situation raises a point that needs to be discussed much more widely. Even though we don't have adequate measures to prevent the spread of AIDS, we are still allowing large numbers of Westerners to travel about the country at will. People in remote areas are being exposed to AIDS, too. At the same time, the number of homosexuals in Thailand has increased greatly, and many of these work as "male prostitutes." They can be found in Pathaya, Patpong, Chiang Mai, Ubon Ratchathani, Khon Kaen, and other places. They sell themselves to Westerners and Thai men. This is what is happening. The question is, What should be done about this?

#### Ministry Gets Funding

*Bangkok MATICHON in Thai 5 Aug 87 pp 1, 16*

[Excerpts] Mr Michai Wirawathaya, the spokesman attached to the Office of the Prime Minister, announced the results of the cabinet meeting held on 4 August. He said that the cabinet passed a resolution approving the AIDS Prevention and Control Program submitted by the Ministry of Public Health. The Bureau of the Budget will provide financial support. This is a 4-year program that will get underway in 1988. A total of 43.41 million baht has been allotted for the program.

The program to prevent and reduce the spread of AIDS involves the following important methods: 1. To prevent the spread of AIDS through sexual intercourse by providing information to upper secondary-school and post-secondary school students, homosexuals, prostitutes, drug addicts, and convicts. 2. To prevent the spread of the disease through blood transfusions, to have the blood banks check the blood and organs donated, and to avoid using needles and syringes more than once. 3. To prevent mothers from passing the disease on to their new-born babies.

From 1984 to 31 May 1987, there have been seven cases of AIDS in Thailand, of whom four have been foreigners. All of these foreigners have now left Thailand. Two of the three Thai have died. "Today in Thailand, there are about 30 people, including both Thai and foreigners, who have the AIDS virus but who do not show any signs of the disease. These people could spread this disease."

However, the Department of Communicable Disease Control, Ministry of Public Health, has taken steps to control this disease. It has issued a regulation requiring that all AIDS cases be reported and prohibiting AIDS carriers from entering or leaving the country. An AIDS Control Coordination Committee was established in 1985. AIDS carriers are being surveyed. But these activities are not being carried on everywhere. Thus, there must be a prevention program in order to supplement these activities.

Mr Michai added that during lunch after the cabinet meeting, he took out his key chain, to which was attached a condom, in order to show the cabinet ministers what can be used to control AIDS. The cabinet showed great interest. Besides that, before issuing this statement, he distributed condoms to reporters.

### Experts Debate Seriousness of Problem

*Bangkok THAI RAT in Thai 20 Aug 87 pp 1, 6*

[Excerpt] At 1030 hours on 19 August, Mahidol University held a debate on the topic "AIDS, Does It Really Pose a Great Threat?" The debate was held in the Nithatsakan Room on the first floor of the Central Plaza Trade Center, Lat Phrao. Professor Prasoet Thongcharoen, the dean of the Faculty of Medical Technology and the head of the Microbiology Section, Faculty of Science, Sirirat Hospital, Professor Benchha Phetkhilai, an expert in laboratory analysis with the Faculty of Science, Ramathibodi Hospital, and Associate Professor Thepphanom Muangmaen, the dean of the Faculty of Public Health, participated in the debate.

Professor Prasoet, the first person to speak, discussed the general characteristics of AIDS. Following that, Professor Benchha said that an effort is being made to find an antibody for the AIDS virus. If the result is positive, it shows that the person has been exposed to the AIDS virus and can spread the virus to others. Those who have tested positive and who may develop AIDS must be monitored closely for at least 5-6 years. Originally, it was thought that 10-30 percent of these would develop AIDS. But in some places that have monitored these people long enough, it has been found that 70-80 percent develop AIDS. This is very worrisome. However, with the chemical solutions now used to make examinations, confirmation cannot be made the first time. That is, in examining people for AIDS, out of five positive blood samples, only one will really be positive. Further testing must be done to confirm this. Next year, we will have a chemical solution that will yield reliable results immediately. Besides this, tests for the AIDS virus are now being conducted within a very limited circle. A person who has been infected with the AIDS virus for 6 months will test negative. That person can then pass the virus to many others. Thus, in the future, more blood tests need to be given.

Professor Benchha said that to date, about 100 people in Thailand have actually tested positive. We don't know how many others who haven't been tested carry the virus. Ramathibodi Hospital has given blood tests to 10,000 workers planning on going to the Middle East. Not one tested positive. But recently, he tested a "gay queen" who happened to be the friend of a fellow worker. The blood test was positive. The people in this group need to be monitored. This is very worrisome. Today, we are producing our own test solutions. This will reduce the cost. This will be used to test more people in the high-risk groups in order to monitor the spread of this disease. As for people's fears that they will contract

AIDS by receiving blood transfusions, today, several hospitals in Bangkok Metropolitan are checking every unit of donated blood before giving transfusions to patients. And in the next few days, the Red Cross will begin checking every unit of blood that is donated.

Associate Professor Thepphanom said that during the past 2 years in Thailand, the number of people who have tested positive for AIDS has increased 10-fold. Today, there are more than 100 such people. Out of 159 countries where AIDS has been discovered, Thailand ranks number 59 in terms of number of AIDS patients. In Asia, it is second behind Japan. Thus, it is essential to provide correct information to the Thai people. Associate Professor Thepphanom recommended that those who frequently attend parties try to refrain from drinking too much. Because if they get drunk, they may go to places of entertainment and forget their fear of AIDS. They could be sorry later. If people do engage in sexual activities, they should use a condom, because a condom provides complete protection against AIDS. In particular, gays who have anal intercourse should use two condoms to prevent tearing. Besides this, those who get tattoos using needles should be very careful. At barber shops, razors should be used just once. Because if someone with AIDS is nicked and the blood gets on the razor, it could affect others.

### Corrections Department Denies AIDS in Jails

*Bangkok BAN MUANG in Thai 18 Jul 87 pp 1, 2*

[Unattributed report: "Corrections Denies AIDS in Jails"]

[Text] On 17 July at the Ministry of Interior, Mr Winyu Phanitchakan, the deputy director-general of the Department of Corrections, was interviewed by reporters about the reports that more than 50 of those with AIDS are in Bangkok jails. He said that that is not true. The only thing is that some prisoners have tested positive for AIDS. Those who have AIDS must go through three stages. When reports about the presence of AIDS in Thailand first appeared, the Department of Corrections did not sit by idly. It ordered that blood tests be given to all prisoners, including both Thai and foreigners. But because more foreigners than Thai have AIDS, they have been confined separately from the Thai prisoners. An Australian named Louis has tested positive, but he does not have any symptoms. He has been sent back to the Khlong Prem Prison.

Mr Winyu said that there are about 50 foreign prisoners at the Bang Khwang Central Prison and about 100 at the Khlong Prem Prison. There are a few foreign prisoners in the provincial jails. All of them have been given blood tests. He said that the department is waiting to receive the results from the Ministry of Public Health. If a prison tests someone or suspects that someone may have AIDS, it must report this to the Ministry of Public Health immediately. The most common disease in prison is



tuberculosis. There are more than 100 cases of TB. But these can be treated. Most of these people contracted TB before they were sent to prison.

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### **AIDS Cases Increase, Screening for Drug Users Reported**

#### **Addicts To Be Screened**

54004309 Bangkok DAILY NEWS in Thai  
4 Oct 87 pp 1, 20

[Excerpt] On the morning of 3 October at Ban Manang Khasila, the Sterilization Association of Thailand arranged a lecture on the topic "Family Planning and Guarding Against AIDS." Dr Thira Ramsut, the deputy director-general of the Department of Communicable Disease Control, said that as of 28 September, there were 165 known cases of AIDS, which is a great increase from the number of cases reported in 1984 (2 cases), 1985 (28 cases), and 1986 (14 cases). Of the 151 people who fall into one of the groups that are at risk of contracting AIDS, 72 are drug addicts, 60 are homosexuals, 11 are prostitutes, 7 are hetrosexuals, and 1 is an infant whose mother has AIDS.

Dr Thira said that what is worrisome is that the number of prostitutes and hetrosexuals who have contracted the AIDS virus has increased. Even though the number is still not very large, these prostitutes and hetrosexuals can spread the disease to many others. This is different from before, when AIDS was found mainly among homosexuals and drug addicts, which are smaller groups. Besides this, the AIDS virus has also been found in bisexual men. These people can spread the disease to many others. In particular, those who have the virus but who are still in good health may spread the disease to many others.

Dr Thira said that after amnesty has been granted to prisoners with AIDS and prisoners convicted on drug charges on the occasion of the king's 60th birthday, the Department of Communicable Disease Control plans to monitor those who have been released from prison in cooperation with the Department of Corrections. As for drug addicts, who are at great risk of contracting AIDS, officials plan to expand AIDS examinations at the 172 drug clinics located throughout the country. Emphasis will be placed on training officials so that they can advise people on how to protect themselves from AIDS. As for checking blood donors, the Thai Red Cross will check 200,000 donors in Bangkok. Another 700,000 donors in the provinces will be checked later. The companies that sell chemical solutions have donated 56 pieces of equipment used in conducting the tests.

#### **Caseload Said To Be Over 200**

Bangkok MATICHON in Thai 15 Aug 87 pp 1, 2

[Excerpt] On 14 August, Mrs Sommat Soi, the president of the Anti-AIDS Society, said that many Thai have this disease, but they don't dare have themselves examined. Today, more than 200 people have AIDS, and 7 have died. About 68 prisoners and 137 other people have AIDS. There are also many prostitutes who have this disease but who have refused to reveal this. The Society conducted a survey at tourist spots in Pathaya and found one prostitute with AIDS. If the entire city was surveyed, many more would probably be found. Examinations should be given as quickly as possible. Otherwise, the disease will continue to spread. This includes tourists, too.

Dr Chitphong Chaiyasasu, an expert on viral diseases and an instructor with the Faculty of Medicine at Chiang Mai University, talked about the anti-AIDS program. He said that the first thing that must be done is to inform the people about this, particularly prostitutes. Because prostitutes are at great risk. The Anti-AIDS Society is cooperating with the United States. An AIDS Institute will be established in Thailand in order to help AIDS patients and provide information. And there will be a fund to help people obtain medical treatment.

Dr Chitphong suggested several things that people can do to protect themselves from AIDS. 1. Information about this disease should be provided to those in the high-risk groups as quickly as possible. The importance of having each person take steps to protect him or herself should be stressed. Those at high risk include prostitutes, homosexuals, and women who work in places where sex can be purchased. 2. People should use condoms every time they have sex. This is particularly necessary at places where sex can be purchased and when having sex with a foreigner. 3. In the case of Thai who travel to countries where AIDS is a problem, particularly the United States, England, France, and Germany, and who are there for longer than 6 months, before they are allowed to return to Thailand, they must obtain a certificate showing that they have been tested for AIDS and that the blood test was negative. 4. Every person who has worked as a prostitute within the last 5 years should be tested for AIDS.

Dr Chitphong said that the government has given 43 million baht to fight AIDS by teaching secondary school students about this disease. He said that this is the wrong thing to do. Actually, that money should be spent to educate prostitutes, who are at greater risk, so that they understand the dangers of this disease. This money can be used only to teach people about this disease. This is not enough to provide medical treatment or do research. Thailand does not yet have any way to treat AIDS patients. All that can be done is to slow the progress of the disease temporarily. In the United States, there is a drug named Retrovir that has proven 80 percent effective in slowing the disease. Thailand does not yet have

this medicine, because it is very expensive. The cost of treating patients is very high. That is, the cost of treating a patient, from doing tests to providing treatment, runs anywhere from 200,000 to 2 million baht. That is the cost in the United States. In Thailand, the cost would be even higher.

#### **Increasing Caseload, Funding**

*Bangkok MATICHON in Thai 17 Jul 87 pp 1, 2*

[Excerpt] Dr Sukit Atthopakorn, a Democrat MP from Trang Province and a member of the Public Health and Environmental Subcommittee, said that there are 11 AIDS victims here, 4 of whom are foreigners. All of the patients are homosexuals, and they all have a history of engaging in sex with foreigners. What is worrisome is that a much larger number have tested positive for AIDS. These people can be considered to be in the pre-AIDS stage. In medical terms, there are 20 who are ARC and 83 who are infected for a total of 103 people.

Dr Sukit said that these people pose a great threat, because they are scattered about the country and do not come for treatment regularly. Some cannot be reached, because they did not give their correct address. Only 12-13 of these people regularly come for treatment. If they engage in sexual activities, they could spread the disease. In this group are prisoners at the Lat Yao and Bang Khwang prisons in Bangkok Metropolitan. Some of these became infected from fellow prisoners by using the same needle to take narcotics. The subcommittee plans to investigate this.

Dr Sukit also said that the subcommittee will recommend that the government establish additional AIDS centers in the provinces, that it increase the budget for AIDS work, and that a hospital be built to treat AIDS patients specifically, because patients with other diseases do not want to be around those with AIDS. Examinations must be conducted at the postsecondary school level. And an international agreement should be reached on having each country take responsibility for its citizens. Each country should give blood tests and issue certificates just as when vaccinations are given.

Mr Phaithun said that the subcommittee will hold another meeting and submit the results to the prime minister. It will look for a way to increase the budget of the Ministry of Public Health by submitting the matter to the special committee considering the draft of the 1988 Budget Act. Additional funds may be requested. Because as of now, the government has allocated very little for this. The Ministry of Public Health formulated a program for male and female prostitutes. It has earmarked 5 million baht for this, which will probably not be enough. And an effort will be made to find money for the 4-year AIDS prevention and control program of the Ministry of Public Health. The ministry requested 43 million baht for this, but the money was not allocated this year.

#### **VD Incidence Drops Due to AIDS Fear**

*Bangkok MATICHON in Thai 24 Sep 87 pp 1, 16*

[Excerpt] On 23 September, Mr Watcharin Ketawandi, the deputy minister of public health, Dr Phairot Ningsanon, the under secretary of public health, Dr Thira Rammasut, the deputy director-general of the Department of Communicable Disease Control, and Dr Amnuai Traisupha, the director of the Venereal Disease Division, issued a joint statement on the VD and AIDS situation.

Mr Watcharin said that in 1987, based on surveys conducted at 4,634 brothels, massage parlors, bars, and nightclubs, 68,840 people were found to have a venereal disease. It will cost 8 million baht to treat these people. However, the Sixth Economic and Social Development Plan calls for reducing the VD rate to 6 people per 1,000.

"The incidence of VD is dropping because of AIDS. People are aware of this and are taking better preventive measures. They are using condoms," said Mr Watcharin. He added that the number of tourists visiting prostitutes has dropped greatly. They are afraid of both VD and AIDS.

Dr Thira talked about the number of people with AIDS. He said that as of 28 August, there were a total of 131 AIDS patients. Of these, 3 definitely have AIDS, 27 have symptoms similar to AIDS, and 101 are AIDS carriers.

There have been rumors that the ministry has tried to cover up the news about AIDS in order to prevent this from affecting tourism. Dr Phairot said that these rumors are absolutely false. The ministry feels that this is an important matter and that the people must be kept informed so that they can protect themselves and keep themselves from being exposed to AIDS. But there are people who need blood transfusions. At present, an effort is being made to examine the blood given by blood donors. So far, about 170,000 blood donors have been examined. This year, it is expected that all will be checked. The ministry has ordered that the blood be examined before it is used in order to prevent people from contracting AIDS this way.

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#### **Red Cross Science Official Comments on AIDS Issue**

*54004308 Bangkok SIAM RAT SAPDA WICHAN in Thai 26 Jul-1 Aug 87 pp 54, 55*

[Interview with Dr Praphan Phanuphak, the deputy director of the Science Division, Thai Red Cross; date and place not specified]

[Excerpt] [Question] Will the situation in Thailand facilitate the rapid spread of AIDS here? The Thai people do not understand how to prevent this disease, because most people are poor and uneducated.

[Answer] It's not really correct to say that the Thai people are uneducated. The seven Thai who have been found to have AIDS are well educated. Eleven cases of AIDS have been discovered in Thailand, seven Thai and four foreigners. I have examined six of these. I have not seen the seventh. All of these are highly educated people. They contracted this disease because of their homosexual activities. They had sexual relations with foreigners. Some had been abroad. These people know how AIDS is spread. The people that we have to worry about are the prostitutes. Some of these people do not have much education. They have to engage in this profession. This is about the only way that they can support themselves. Even though they may know how to prevent AIDS, they may not always be able to take the necessary measures. They can't force a customer to use a condom. That's one thing. Another problem is that most of the homosexuals who are not prostitutes are well educated and financially secure. Many of these people are not interested in the AIDS problem. Because they don't know what to do. They can't change themselves and stop being gay. That is contrary to how they feel. They don't really want to know whether they have the AIDS virus or not. Their feeling is that, If I have the virus, I am going to die and so it's better not to know. They keep themselves ignorant and continue acting promiscuously. These people pose a great danger. There are units that monitor the prostitutes and that give them blood tests free. But those who are not prostitutes rarely go to see a doctor or have their blood tested. Thus, those who are gay by nature and who are financially secure or well known should take a blood test. They can use an alias and false address. They don't have to reveal their identity. If the blood test is negative, they can consider themselves lucky. They should then make an effort to associate only with other gays who have tested negative. This will protect them from contracting this disease. As for the question of how worrisome the AIDS problem is in Thailand, what is worrisome is that prostitution is a well-known activity in Thailand. This cannot be denied. Many tourists come here just for this. Almost all of the Thai who have contracted AIDS have contracted it from a foreign tourist. This is worrisome. We have to find a way to prevent foreigners from bringing AIDS into the country.

[Question] Do you have any suggestions on how to prevent foreigners from spreading this disease?

[Answer] In principle, every foreigner who enters the country must be examined regardless of whether they have come to visit a female or male prostitute. We have to implement measures to control prostitution. Prostitutes must be checked periodically to ensure that they do not have AIDS. This is the only way to prevent prostitutes in Thailand from contracting AIDS. But in reality, it would be very difficult to do this, because this would have a serious effect on tourism.

[Question] Have any female prostitutes tested positive for AIDS?

[Answer] Two years ago, the Venereal Disease Division, Department of Communicable Disease Control, surveyed approximately 3-4,000 Thai prostitutes in the major cities. Only one of those tested was found to have the AIDS virus. One in 3,000 is a very small percentage. In the United States and Europe, the percentage of prostitutes with the AIDS virus is 50-70 percent. That is very frightening. We have to find a way to prevent Thai prostitutes from contracting AIDS. That would ruin our image and damage the country's economy. If prostitutes are AIDS carriers, the disease will spread rapidly. This disease is spread through sexual contact. Even though it is more difficult for a man to contract AIDS from an infected woman than vice versa, one reason why AIDS is such a problem in Africa is that the disease is spread by prostitutes. Thus, this could become a serious problem if large numbers of Thai prostitutes carry the disease.

[Question] What about the male and female prostitutes in Pathaya?

[Answer] The fact that there are so many prostitutes there is worrisome. At the same time, the Ministry of Public Health and private organizations have given special attention to the problem there. Centers and units have been established there. I think that the prostitutes there are being looked after very well. They are given blood tests and health education. As far as the prostitutes there are concerned, I don't think that there is too much to worry about. The people we have to worry about are their customers. The American sailors are worrisome. But the U.S. navy has begun giving blood tests to its men, too. Those who test positive cannot serve in the navy. This may solve this particular problem. But tourists from other countries might pose a problem.

[Question] What steps can be taken to prevent tourists from spreading AIDS without affecting tourism?

[Answer] Besides promulgating a law requiring everyone who wants a visa to enter Thailand to get a blood test, which would be very difficult to do, one effective measure would be to test only those who want to come here to use the services of male and female prostitutes. The test can be done very quickly. Chulalongkorn Hospital gives these tests. We can test people's saliva. The results are just as reliable as giving blood tests. We are trying to find a way to test saliva quickly. We use slides to check urine for sugar. Perhaps we can use the same technique in this case. That is, perhaps we can use slides containing saliva samples to check for the AIDS virus. If a saliva sample is positive, the color will change immediately. Perhaps we can do something like this. Scientists in many places are looking for a way to use slides that will give results immediately. If such a method can be developed, I think that this will be of great help in solving this problem. We can give these test slides to the prostitutes. When they are approached by a customer,

they can ask to test their saliva. If the color changes, that person has the virus, and the prostitute would not have sex with that customer. That would help solve this problem.

[Question] Do you think that AIDS will continue to spread in Thailand?

[Answer] We will probably continue to discover more and more cases. The incubation period lasts for quite some time. In the meantime, those who are unaware of the fact that they have the disease will continue spreading the disease. If we can control or monitor those who are at risk of contracting AIDS, if we can monitor the tourists and teach the people how to protect themselves, such as by using condoms, I do not think that AIDS will spread as quickly here as it has in the United States and Europe.

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### Dengue Outbreak by Province Reported

#### Chaiyaphum Deaths

54004305 Bangkok MATICHON in Thai 6 Jul 87 p 16

[Unattributed report: "Serious Outbreak of Dengue in Chaiyaphum; More Than 700 Have Contracted the Disease and 9 Have Died"]

[Excerpt] There is a serious outbreak of dengue fever in Chaiyaphum Province. The number of patients has increased, and nine people have died. The statistics are more than double those of last year.

Dr Thongchai Kanchanophat, a public health official in Chaiyaphum Province, revealed that the number of people who have contracted dengue fever is much higher than last year. Statistics for the period January to June show that 733 people have contracted dengue, and 9 have died. The districts with the greatest number of cases are Nong Bua Daeng, Ketset Sombun, Thap Sathit, and Muang districts.

Dr Thongchai said that the number of cases has more than doubled as compared with last year. Last year there were only 257 cases. Thus, there is much concern about the people's welfare. Children, in particular, are at great risk. Public health officials have contacted the schools and asked them to cooperate. Tapes with information on how to protect against dengue have been sent to village information offices in order to provide information on how to eradicate mosquito breeding grounds.

"The problem that we encounter each year is that we don't have enough insecticide sprayers. Whenever there is an outbreak in a village, we can't send sprayers there in time. Thus, the disease spreads. It would have very helpful if we had sprayers that could be attached to vehicles. That would speed things up. We could spray several villages a day. At present, we have only one

hand-held sprayer per district. Whenever there is a serious outbreak, we have to ask the Zone 3 Communicable Disease Control Center, Nakhon Ratchasima, for help," said Dr Thongchai.

### Roi Et Outbreak

Bangkok MATICHON in Thai 21 Aug 87 p 3

[Unattributed report: "Dengue Outbreak in Roi Et"]

[Text] A MATICHON reporter stationed in Roi Et Province reported that there is a serious outbreak of dengue fever in Roi Et Province. The number of cases continues to increase and shows no sign of declining. At the hospitals, patients have to share beds. And in some places, the patients have to lie in the corridors, because there are not enough beds. This is very sad.

Dr Wichit Manositthisak, the head of the Pediatrics Ward at the Roi Et provincial hospital, said that there is now a serious outbreak of dengue fever. Since May, about 2,000 people have come to this hospital for treatment.

"We have had 10 deaths at this hospital. On the average, about 40 people a day enter and leave the hospital. We have had to put patients in the corridors and hallways," said Dr Wichit.

Dr Wichit also said that most of the patients are between the ages of 3 and 14. Children this age like to play, and their parents don't look after them very well. Parents should take steps to prevent their children from being bitten by mosquitoes during the daytime. They should destroy the breeding grounds, that is, the water in cans and coconut shells. And they should arrange the clothes in the house neatly. If their child develops symptoms, they should not purchase any medicine themselves. Instead, they should take the child to the hospital.

### Chonburi, Prachinburi Reports

Bangkok BAN MUANG in Thai 13 Jul 87 p 3

[Unattributed report: "Serious Outbreak of Dengue in Chonburi and Prachinburi Provinces"]

[Text] Dr Suthat Wetcha, the director of the Chonburi Hospital, said that the dengue outbreak in Chonburi Province can be considered to be normal. There are epidemics every 2 years. In 1985, there were 659 cases of dengue fever. In 1986 there were only 253 cases.

The 1987 dengue epidemic has been the worst ever. During the first 6 months of the year, there were 479 cases, and four people died. There were 182 cases in June alone, which is the rainy season. About 70 percent of the cases have been in Muang District followed by Ban Bung and Siracha districts respectively.

Dr Suthat also gave some guidelines for preventing dengue fever. He said that parents should take steps to keep their children from being bitten by mosquitoes. Children who take naps in the daytime should use a mosquito net, and they should stay in sunny spots. Everyone should help destroy the mosquito breeding grounds.

A news report stated that there is a serious outbreak of dengue in Prachinburi Province, particularly in the border districts. The disease is spread by mosquitoes. Dr Samruai Sapcharoen, the director of the Technical Extension Section, Prachinburi Province, said that the most important thing is for the people to cooperate in eradicating the mosquito breeding grounds. We can't rely solely on using expensive insecticides. The most effective way to control mosquitoes is to use "citronella grass," which is almost 100-percent effective. The Scientific and Technical Research Institute has produced extracts and sent this chemical to Prachinburi Province. Villages can use citronella grass, too. That is, they can make a paste that can be applied to the body and walls of the house to keep away mosquitoes. Besides Thailand, the use of citronella grass is also accepted by other countries.

#### **Children Die in Udon Thani**

*Bangkok SIAM RAT in Thai 14 Aug 87 p 2*

[Unattributed report: "In Udon Thani, 11 Children Have Died From Dengue Fever"]

[Text] The Udon Thani provincial Public Relations Office has revealed that in Udon Thani Province, particularly at the Udon Thani provincial hospital, a large number of children are suffering from dengue fever. Many have died because they did not receive proper treatment initially.

Dr Choetchai Wongnapharat, a doctor assigned to the pediatrics unit, Udon Thani provincial hospital, said that since June, 700 children suffering from dengue fever have come to the hospital for treatment. Of these, 11 have died because they did not receive proper treatment initially. Parents bought medicine to lower the fever. But some of these medicines can cause internal bleeding. Thus, if a child has a fever, he or she should be rushed to a doctor. Parents should not try to treat the child themselves.

Dr Choetchai said that people should cooperate in destroying the mosquito breeding grounds and take steps to prevent children from being bitten by mosquitoes during the daytime. He said that the Provincial Public Health Office is collecting data from the hospitals and clinics in the districts on the number of people in the province who have contracted dengue.

#### **Disease Spreads in Chiang Mai**

*Bangkok DAO SIAM in Thai 12 Jul 87 pp 16, 15*

[Excerpt] On the morning of 11 July, Mr Bunyun Son-suwan, the head of the Communicable Disease Control Center, and Mrs Prathum Khamwiset, who is assigned to the Communicable Disease Control Section, Chiang Mai Provincial Public Health Office, issued a statement about the situation with respect to dengue fever and Japanese encephalitis in Chiang Mai Province. They said that this year's outbreak of dengue fever is much worse than last year's. In 1986, there were only 23 cases of dengue throughout the province, and there were no deaths. But this year, there have been 230 cases, and 2 have died. As for Japanese encephalitis, in fiscal 1986 there were 26 cases, and 2 died. In 1987, there have been nine cases and two deaths.

Mr Bunyun and Mrs Prathum said that the reason why the number of cases of dengue fever has increased so much this year is that the disease has appeared in villages that were previously free of the disease. That is, in areas where there have been outbreaks of this disease, provincial public health officials supervise things for 3 years. Thus, there have not been any outbreaks in those villages that had outbreaks before. Instead, there have been outbreaks in the villages that have been free of the disease up to now and that have not been supervised.

As for the reports that there has been an outbreak of dengue in Phrao District, Mr Bunyun and Mrs Prathum said that investigations have shown that the people there were suffering from common colds. Doctors found that the girl who died had once had dengue fever and that she died from this disease.

When asked about preventive measures, Mr Bunyun said that officials have been sent to the villages to spray the mosquitoes and distribute "abet" sand in order to absorb the water and eliminate the mosquitoes. But this will be slow because of the lack of sprayers. At present, the province has only five sprayers.

#### **Nakhon Sawan Reports**

*Bangkok DAO SIAM in Thai 7 Aug 87 pp 7, 11*

[Unattributed report: "Nakhon Sawan Has Largest Number of Cases of Dengue Fever"]

[Text] Dr Sunthon Hongkhong, a public health official in Nakhon Sawan Province, told a DAO SIAM reporter stationed in this province that this year, there have been 35,886 cases of dengue since January. Of these, 192 have died. In Nakhon Sawan Province alone, there have been 585 cases and 5 deaths. The province is making a great effort to get the people to prevent and control this disease by using "abet" sand. The people in Muang District and Nakhon Sawan City have cooperated well. But the people in the rural areas have not cooperated very well. Nylon nets have been made to cover the water jars in order to prevent mosquitoes from laying eggs in

the water jars. These nets are very cheap, costing only 5 baht apiece. These nets are very easy to make. The nylon can be purchased at the markets. They can be made to fit the water jars, most of which are about 1 meter in diameter. The edging of old winnowing baskets, bottles, old tires, or jute cord can be used to hold the net down.

It has also been recommended that teachers empty the water jars in the school restrooms and empty the flow-erpots every 7 days. This will help prevent the mosquito larvae from maturing in these containers. Besides this, officials have distributed "hang nok yung" fish, which eat mosquito larvae. Two fish can be put in each water jar. As a result of these activities, the number of patients has declined greatly. In July, only 213 people still had dengue, and only 1 person died.

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#### **Malaria Found in Kanchanaburi Tourist Area**

54004307e Bangkok *BAN MUANG in Thai*  
21 Sep 87 p 3

[Unattributed report: "Malaria Spreads in Kanchanaburi; Feared That Tourists Will Contract the Disease"]

[Text] Mr Chamlak Anprasoet, a Kanchanaburi provincial public relations official, stated that there are many scenic tourist attractions in the province. But there are also many places where malaria is prevalent. Thus, malaria must be eradicated as quickly as possible in order to prevent Thai and foreign tourists from contracting malaria.

As for the tourist spots where malaria is still a problem, Mr Chamlak said that these are located in four districts, that is, Sangkhla Buri, Thong Phaphum, Sai Yok, and Sisawat districts. Many tourists want to visit and vacation in these districts.

Mr Chamlak said that officials have considered safety with respect to the malaria situation. Mr Prakop Phaet-yakun, the governor of Kanchanaburi Province, has sent officials to eradicate malaria as quickly as possible. They have sprayed DDT around the villages and in places where malaria is still prevalent. Besides this, officials have been sent to take blood samples in these four districts in order to locate and treat those with malaria.

So that Thai and foreign tourists will not have to worry about contracting malaria, the provincial Public Health Office has ordered the clinics in the tourists spots to provide preventive services and treatment, said Mr Chamlak.

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#### **Malaria Outbreak in Krabi Noted**

54004307d Bangkok *SIAM RAT in Thai* 16 Oct 87 p 3

[Unattributed report: "Serious Outbreak of Malaria; More than 2,000 People Afflicted in Just 1 Month"]

[Text] Dr Narongsak Angkhasuwaphla, a public health officer in Krabi Province, told reporters that because this is the rainy season, there could be outbreaks of various communicable diseases. Malaria, which is transmitted by the Anopheles mosquito, is common during this season. From data provided by the Krabi provincial Malaria Center, it appears that the number of patients has been on the rise since May 1987.

Dr Narongsak said that the localities where the number of people afflicted with malaria has increased include Ao Luk and Plai Phraya districts and Lam Thap Branch District. Statistics gathered during May 1987 show that the number of people with malaria has increased to approximately 1-2,000 people per month as compared with only 200-300 at the beginning of the year. In Plai Phraya District alone, about 1,000 people per month have contracted malaria. This is a very high number in view of the fact that the latest survey conducted in August 1987 showed that there were 2,171 cases of malaria in the entire province.

Dr Narong also said that the office has implemented malaria control programs in all three of these districts in cooperation with Malaria Unit 3 in Phangnga Province. Officials have been sent to look for new cases by taking blood samples. Initial treatment has been given to those suspected of having malaria, and people have been educated about how to prevent malaria. DDT has been sprayed in the areas where there have been outbreaks of malaria. Seminars have been held for the malaria volunteers and public health volunteers stationed in the villages. At present, these people are taking steps to reduce the number of malaria patients as quickly as possible.

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#### **New Malaria Vaccine Reported**

54004307a Bangkok *THAI RAT in Thai*  
18 May 87 pp 3, 2

[Unattributed report: "New Malaria Vaccine Tested"]

[Text] Dr Nat Phamonprawat, the rector of Mahidol University, said that New York University in the United States has succeeded in producing a new vaccine to prevent malaria. People who receive injections of this vaccine develop an immunity to malaria. This vaccine has passed the tests for safety and ability to provide immunity, and it has been approved by the U.S. Food and Drug Administration. However, it has not been field tested yet, because the United States does not have a malaria problem. Thailand feels that this vaccine is

needed here, because Thailand still has a malaria problem. The malaria strains here have developed a resistance to the existing drugs, which makes it necessary to find new drugs. At a seminar on malaria vaccines that was held in 1985, many countries, including Thailand, said that they would like to conduct field studies with this vaccine. U.S. foreign aid organizations visited various countries and decided that Thailand and Papua New Guinea were best suited for conducting field studies with this vaccine.

Thus, Mahidol University, which already has a vaccine development center, will cooperate with the Ministry of Public Health in testing this vaccine. Those involved in the Malaria Program, Faculty of Public Health, Mahidol University, are participating, too. The vaccine will be tested at the Vaccine Test Center, Faculty of Tropical Medicine, Mahidol University. This will require the use of knowledgeable volunteers who are in good health. Most will be students. But they will not be "guinea pigs," because this vaccine has already been tested for safety. But we need to evaluate possible side effects and the results in a large population. We also need to develop capabilities and technology in using this vaccine. This will probably take several more years. But it is believed that this vaccine will be able to provide good protection against malaria.

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#### **Doctors Discuss Tuberculosis Situation**

54004307c Bangkok SIAM RAT in Thai 28 Jul 87 p 2

[Unattributed report: "More Than 50 Percent of the Population Has Been Exposed to Tuberculosis"]

[Text] At 1000 hours on 27 July 1987 at the TB Control Association of Thailand, Dr Thahan Phankhu, the deputy director-general of the Department of Communicable Disease Control, Associate Professor Chaiwet Nutprayun, the secretary of the board of the TB Control Association, and Dr Raphiphat Kasemsuk, the director of the Division of Communicable Disease Control, Department of Health, Bangkok Metropolitan, discussed the TB situation in Thailand and the efforts being made to control this disease. They said that TB is a major public health problem here. Nationwide, approximately 700,000 people have TB. Of these, approximately 150,000 are capable of transmitting the disease to others.

Associate Professor Chaiwet said that those capable of transmitting the disease are scattered throughout the country. Most of these are poor people. This is an important group with respect to why TB is a major public health problem in Thailand, because a person with TB can transmit the disease to 4-10 other people. Surveys have shown that in Thailand, more than 50 percent of Thailand's population has been exposed to TB. Of these, approximately 10 percent have a chance of contracting TB.

Associate Professor Chaiwet said that today, a new and highly efficient drug is being used to treat TB. This drug can cure patients in just 6 months. But today, only 50 percent of those with TB are receiving treatment. This is because of the lack of cooperation on the part of those with TB. These people have financial problems. They do not have money to travel to the clinics, and they do not have time to come receive treatment regularly, which is essential in treating this disease.

Dr Thahan said that the Ministry of Public Health has TB treatment units throughout the country. And treatment services are being expanded to community hospitals. Seminars have been held at more than 200 hospitals so that they can serve as centers in examining people for TB in their zone of responsibility. Measures have been implemented to monitor patients to ensure that they come for treatment regularly. Another goal is to vaccinate all children with BCG vaccine in order to prevent them from contracting TB.

Dr Raphiphat said that in Bangkok Metropolitan, about 65,000 people contract TB every year. Of these, only about 50 percent come for treatment. Of the 12,000 who are capable of transmitting the disease, only 8-9,000 have come for treatment. There are about 3,000 who have not received treatment. In Bangkok Metropolitan, about 98 percent of the infants below the age of 1 year have been inoculated. Services are provided at the 57 public health service centers located throughout the city and at the 4 hospitals subordinate to Bangkok Metropolitan, that is, the Central Hospital, the Wachira Hospital, the Taksin Hospital, and the Charoen Krung Hospital.

However, the situation in treating TB is still not very good because of the problems mentioned above. For this reason, the Ministry of Public Health and the TB Control Association of Thailand are selling anti-TB seals in order to raise money to help TB patients and expand the services provided to patients.

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#### **Hepatitis B Virus Said To Be Widespread**

54004307b Bangkok MATICHON in Thai  
16 Jun 87 p 3

[Unattributed report: "Five Million Thai Are Carriers of the Hepatitis B Virus"]

[Text] Five million Thai are carriers of the hepatitis B virus. Those who have this disease and those who come in close contact with these people should be vaccinated, because they risk contracting chronic hepatitis, cirrhosis of the liver, or cancer of the liver.

On 15 June, Dr Chutima Pramunsapsin, a member of the Gastrointestinal Disorders Unit, Pathology Section, Faculty of Medicine, Ramathibodi Hospital, revealed that hepatitis B is a major public health problem. Today, 5 million people are carriers of this disease. Thus, those

who come in close contact with those who have this disease should be vaccinated. Carriers of this virus are at risk of developing chronic hepatitis, cirrhosis of the liver, or cancer of the liver.

Dr Chutima said that the World Health Organization has recommended that all people in Southeast Asian countries, which includes Thailand, who have not been exposed to this virus or developed an immunity should be vaccinated, because they run a much greater risk of contracting one of these diseases. The problem in Thailand is that the vaccine is still very expensive.

Dr Chutima said that those who are particularly at risk include those who have received blood infected with this virus or who have been injected with a dirty needle used with an infected person, the spouse of a carrier, prostitutes, homosexuals, the members of a patient's family, and medical personnel, including officials in medical offices who come in contact with the blood of patients.

"In producing this vaccine, we have to use the plasma of hepatitis carriers. The production process involves many steps, which is why production costs are so high. However, neighboring countries such as Singapore, Korea, and Taiwan have allowed foreign drug companies to invest in the production of this vaccine in these countries. As a result, prices are lower. It is expected that this will be done in Thailand, too, in order to make vaccine more readily available for people who do not have immunity."

11943

## TRINIDAD AND TOBAGO

### CAREC Officials Discuss AIDS Situation, Testing

#### Opposition to Screening

54400021 *Bridgetown SUNDAY SUN in English*  
22 Nov 87 p 27

[Text] Port-of-Spain, Trinidad—Regional Health officials are planning to urge Caribbean Community (CARICOM) member governments not to consider screening visitors for the AIDS virus, a spokesman said.

"It does not further prevention and control efforts. All it does is make life very difficult for people who are immigrants," said Dr. C.J. Hospedales of the locally-based Caribbean Epidemiology Centre (CAREC).

Screening of immigrants has been instituted by some countries including the United States, despite a warning from the World Health Organisation (WHO) advising against trying to contain the killer disease in this way.

WHO said in documentation issued after a May congress that such attempts to screen visitors before allowing them admittance would only hamper international travel rather than contain the fatal disease which breaks down the body's immunity systems.

Hospedales said there had been complete consensus against such screening by Caribbean health technocrats who met in Port-of-Spain last week.

Hospedales said the United States had been advised by senior scientific advisors against introducing screening for all immigrants.

"As for the Caribbean... it will not suggest screening of anyone moving from one Caribbean country, and we're talking of the English Caribbean and Suriname...," CAREC director Dr. Peter Diggory said.

Diggory said the regional experts agreed that emphasis should be placed on counselling, prevention and education techniques to combat the killer disease.

Trinidad and Tobago, which put together a national programme on AIDS earlier this year, has upgraded its screening facilities and is considering making AIDS a notifiable disease. (CANA)

### Incidence in Caribbean

54400021 *Nassau THE TRIBUNE in English*  
25 Nov 87 p 4

[Text] The Caribbean is witnessing a growing number of AIDS transmissions by heterosexuals as opposed to homosexuals, according to a spokesman for the region's main diagnostic centre here.

"The pattern of transmission that we are seeing in the Caribbean is a rapid shift from the earlier days of the dominating homosexual transmission to heterosexual transmission," said Dr C.J. Hospedales of the Caribbean Epidemiology Centre (CAREC).

Figures submitted here to a just-concluded regional seminar on the fatal Acquired Immune Deficiency Syndrome show that 593 cases were reported in the English-speaking Caribbean and Suriname up to September. Of this number, there were 372 deaths.

Trinidad and Tobago led regional countries with 207 cases up to this month, followed by the Bahamas with 163 cases.

Bermuda had 75 known cases up to September, and Barbados 52.

"Of the new cases that we're seeing in 87, the biggest groups are due to heterosexual transmission," Hospedales said.



CAREC officials however said the figures for the Caribbean region were not outstanding on an international scale.

They also pointed out that the fatality rate per head of Caribbean populations looked disproportionate in comparison with larger countries.

"We will not succeed unless the man in the street changes his (or her) behaviour..."

The promiscuity has to stop, World Health Organisation (WHO) Caribbean co-ordinator Dr Halmond Dyer said.

CAREC officials reported that all member countries had already or were in the process of drawing up national programmes on AIDS which would combine with a new subregional programme which stresses education, research, screening and counselling.

Regional officials who attended the regional AIDS seminar agreed the region would approach WHO for a regional allocation to support the new sub-regional programme, estimated to cost three quarters of a million US dollars.

CAREC this year received almost half a million US dollars in financial help from WHO to forward to the region for its AIDS programmes.

Most of the US\$320,000 received up to April have been used in regional prevention and control programmes.

CAREC received confirmation of a further US\$134,500 from WHO on Friday.

"Traditionally, WHO has worked directly with the member countries but this from the Caribbean is unique and in some respects it is more cost effective and much better to work with the governments collectively as one unit," Dyer said of the new sub-regional programme.

Representatives from 19 regional countries met other potential donors on Thursday during the seminar.

"The various donors have been able to get a feel of the needs of the Caribbean.

"So that support, when it is forthcoming will be for the needs of the Caribbean and not necessarily what somebody perceives as what the needs should be," he said.

Seminar participants agreed on the need for further cooperation on AIDS education in line with more joint counselling and screening programmes.

They also put together recommendations for regional health ministers to take to a world seminar on AIDS to be held in London in January 1988.

08309

## Government Releases Update on Incidence of Flu

54400054 Port-of-Spain DAILY EXPRESS in English  
6 Jan 88 p 1

[Text] There were more reported cases of influenza from 1 January to 19 December 1986 than for the same period in 1987, a Ministry of Health news release stated yesterday.

The Ministry said during this period in 1986, there were 54,637 cases reported but for the same period last year, the number of cases was 48,695.

In an apparent response to recent reports of a deadly virus outbreak, the Ministry said: "The majority of physicians contacted by telephone indicated that they saw more than the usual number of patients in the early weeks of December. The Surveillance Unit of the Ministry of Health has not been informed of any deaths due to influenza."

An influenza B virus has been identified, but this, like other influenzas, "commonly circulates in Trinidad and Tobago."

The Ministry described influenza as "usually a mild illness causing a slight rise in temperature, headache and signs of a "cold." It is very rarely fatal, the Ministry added.

The statement added: "Influenza may be serious when elderly or debilitated persons are infected. Such persons should obtain early medical attention. The best protection against influenza is to avoid crowded places particularly those indoors, ensure plenty of rest and a balanced diet with plenty of fresh fruits."

/9604

## Health Minister Discusses Flu Epidemic Reports

54400049 Port-of-Spain TRINIDAD GUARDIAN in English  
1 Jan 88 p 6

[Text] There is no evidence to suggest that the present flu is a "killer virus." The terms is reserved for viruses such as Acquired Immune Deficiency Syndrome (AIDS) or yellow fever.

Health Minister, Dr Emanuel Hosein, on Wednesday told the Guardian that a killer virus is one whereby one can die of infection and assured the public that there is no evidence to label the present flu a killer virus.

He condemned a front page story in the Express newspaper Wednesday as "grossly irresponsible," adding that "the article quoted no authoritative source."

"We (the Ministry) have no official word and are yet to receive, despite asking, any alarming reports. So far nobody has reported any such occurrences," said the Minister.

#### No Deaths Reported

He said they are making attempts to contact private practitioners but so far have no information on "a killer virus."

"In any flu certain groups are at risk of dying with any infection," he said. "People in the extreme age groups—the very old and the very young—can pick up an infection to put them 'over the grave,' but their death can be due to underlying causes."

A release from the Ministry received late yesterday stated that between January 1 to December 19, 1987, 48,695 cases of influenza were reported while for the corresponding period in 1986, the number was 54,637.

"The number of physicians contacted by telephone, indicated that they saw more than the usual number of patients in the early weeks of December," the release stated. "The Surveillance Unit of the Ministry of Health has not been informed of any deaths due to influenza."

According to the release, the Public Health Laboratory has in its routine work been isolating virus from specimens received from various parts of the country, but "there was no appreciable increase in the specimens in December."

#### No Cause for Panic

It said that a request has been made for more specimens to be sent in.

"One isolate has been identified as Influenza B virus," as of Wednesday, according to the release. It said that Influenza B commonly circulates in Trinidad and Tobago and expects that other specimens will be the same.

The Ministry advised that the best protection against contamination is to avoid crowded places, ensure plenty of rest, a balanced diet and plenty of fresh fruits.

On Tuesday, the National Joint Action Committee accused the Health Minister of irresponsibility in not issuing a statement on the virus and called on the Education Minister to reconsider the implications of opening school on Monday.

Contacted this week, Education Minister Clive Pantin said that he discussed the matter with the Health Minister who assured him that there is no cause for panic. He said school will reopen as scheduled on Monday.

/9274

## TURKEY

### AIDS Measure Causes Syringe Shortage 54002426 Istanbul CUMHURIYET in Turkish 9 Nov 87 p 16

[Text] Izmir—The disposable plastic syringes that have become mandatory because of the AIDS epidemic are unavailable on the market. To overcome the problem, the Health Foundation decided to build a syringe factory jointly with the Germans at a cost of 5 billion Turkish lira.

The decision of the Ministry of Health and Social Assistance to ban the use of glass syringes resulted in a shortage of disposable plastic syringes which are not produced in adequate numbers. Unavailable even in emergency wards of hospitals, the supply of plastic syringes remains inadequate despite increased imports.

Several investors, including the Koc Group, have initiated efforts to build a syringe factory to meet Turkey's demand of 200 million units a year. Currently, there are two firms in Turkey that manufacture 50 million plastic syringes a year. Meanwhile, 27 firms submitted bids when the Health Foundation of the Ministry of Health and Social Assistance invited bids for the construction of a plastic syringe factory. That competition was won by the Turkish firm, Tekmak, and its German partner, Transjet. Stating that the factory to be built will manufacture 100 million plastic syringes a year, Health Foundation Secretary General Neset Bercin said:

"The factory will cost 4 to 4.5 billion Turkish lira when completed. The factory will be completed within 9 months after the contract is signed. Our goal is not profit. We will earn revenues for the Foundation and relieve the shortage. Our prices will be much lower than current prices."

While the prospect of manufacturing plastic syringes has attracted the attention of many investors, Dr Ismet Sozen, the chief executive officer of one of the two firms manufacturing syringes today said that imports have put his firm in a difficult position and that his organization cannot compete with the prices of the imports. He said: "We have an annual production capacity of about 20 million units. We were planning to raise it to 30 million units. But we have shelved our plans. We can increase our production capacity very easily, but we cannot compete with the prices of the imports."

Meanwhile, Levent Kamacik, president of the Izmir Chamber of Pharmacists, spoke about the need for the availability of sterilized syringes in health units accessible to the people and said: "The dispensaries are closed at night, so only injection nurses [*igneci*] are available. Syringes used by dentists are still not available on the market. Syringes must not be imported by just anybody. The Ministry [of Health] must produce the syringes but not for profit."

9588

## ZAIRE

### Information Campaign Launched To Halt Spread of AIDS

54000091 Nairobi DAILY NATION in English  
10 Nov 87 p 12

[Article by Robert Weller: "New Information Order in Zaire's War on AIDS"]

[Text] Zaire has partially lifted the veil on its Aids problem, and begun an aggressive information campaign aimed at halting the spread of the disease.

Financed by foreign donors, the programme employs everything from popular music to television and comic books to spread the word about the incurable malady.

"I have seen a dramatic, tremendous change in their attitude about Aids. We talk with the Minister of Health every day," said Dennis Chandler, director of the US Agency for International development in Zaire.

"It's all around us, we cannot ignore it," said Valere Mulapo-Kiwesko, chief assistant to the Minister of Information.

Before articles about the Aids problem began appearing in the Press late last year, Zaire maintained an official silence on the problem.

The government's refusal to provide information about the disease fuelled speculation about its spread. It had refused to report cases of Aids to the World Health Organisation until two months ago.

In March, the government opened a national campaign to alert people across the country to the dangers of the Acquired Immune Deficiency Syndrome.

Initially, at least, many Zaireans were skeptical about the Aids problem.

In an information comic book, a businessman quotes the popular definition for Aids, based on the French-spelling, of "imaginary symptom for discouraging love." He says it was invented by a disappointed lover.

The Roman Catholic Church, in some workshops on Aids, reminds Catholics that sex outside marriage is a sin, but goes on to say: "For the sinner, if you are doing evil, at least be careful not to infect others." This has been taken as an unofficial endorsement of the use of condoms.

The country's most popular television programme Le Theatre de Chez Nouns (The theatre of our house), which aims to impart the evil of wrong-doing as well as entertain, focused on Aids in two episodes.

In one episode a man has his mistress arrested when he discovers she has Aids and has spread it to him and others.

The woman doesn't have to spend the night in jail, though. The night duty officer, not knowing why she was jailed and attracted by her beauty, lets her out of jail after she agrees to sleep with him.

Although pressing the information campaign, the government continues to withhold statistics about the spread of the disease.

The Associated Press obtained a copy of a letter from the National Aids Committee announcing the information campaign. The letter says: "Aids is an especially pressing problem...(because) it hits mainly the active and economically productive population. The vast majority of Aids victims are aged 20-39."

The letter adds that a survey indicates 6.3 per cent of the population of Kinshasa, 3.5 million, was exposed to the Aids virus, while 0.8 per cent of the rural population outside the capital was exposed. The survey encompassed 2,400 people.

The letter also reports 2,000 cases of Aids at Mama Yemo hospital, where most Kinshasa Aids patients are sent, since the first cases were reported in 1983.

Officials of the Ministry of Health were unavailable to comment on these figures, failing to appear for several scheduled interviews. The ministry has reported only 335 cases of Aids to WHO.

The letter also said that 8,871 blood samples from suspected Aids carriers were sent to a special laboratory for test, and 54 per cent were seropositive.

Officials of a private relief agency involved in many Aids projects say a survey conducted by US searchers found 7 per cent of the hospital staff at Mama Yemo was exposed to the Aids virus.

The agency officials, who asked that their names be withheld, said they were warned by US researchers that the figures may be overestimated.

These officials said Aids was a serious problem but described reports that Zaire was the Aids centre of the world as "rubbish".

"There isn't enough information yet to say how serious the problem is," he said.

They also noted that if the same 7 per cent rate were true for Kinshasa, 30,000 people would be dying annually from Aids. At Mama Yemo hospital, it was unlikely that more than 700 had died since the first deaths were reported four years ago.

The officials also say that doctors from many rural areas report the only Aids cases they have seen were people sent home from Kinshasa to die.

The officials also said that by keeping accurate figures unavailable, Zaire was able to get more foreign aid to fight Aids. They said money was thus being diverted from disease, such as malaria, whose proven impact was much greater than Aids.

Zaire's health budget includes no funding for the Aids information campaign, the officials added.(AP).

/12223

## ZIMBABWE

### Health Ministry: Quarter Million People With AIDS

54000057b Johannesburg BUSINESS DAY in English  
31 Dec 87 p 3

[Text] Harare—About a quarter of a million people in Zimbabwe were infected with the AIDS virus, Zimbabwe Health Ministry principle medical director Dr Godfrey Sikipa said.

Sikipa said the Zimbabwe AIDS campaign had been quite successful in educating people, but had not changed sexual behaviour significantly. More than a hundred people had died of AIDS in the country, he said.

/9274

## BANGLADESH

### Cattle Diseases Spread in Wake of Recent Floods

54500069 Dhaka *THE NEW NATION in English* 20  
Nov 87 p 2

[Text] Narail, Nov 17: Cattle disease has broken out in an epidemic form in Narail Sadar, Kalia and Lohagara upazilas at the backdrop of the recent flood. Thirty cattlehead in Lohagara and 10 in Badar upazila have so far died and more than 100 are reported to have been attacked.

The attack of the diseases locally named as 'Farhka' and 'Badla' has become quite annihilative in the affected areas such a manner that the victim dies within 24 hours of the attack.

The Animal Husbandry Department asseverated that the vaccination was the only prevention of the diseases, but at the same time they have expressed their incapability of doing to the needful for want of medicine and fund stringency.

Meanwhile, the cultivators, who were hit hard by the recent flood that perished a large number of bullocks, have been in serious apprehension of how they would till their land.

Faridganj

Our Faridganj Correspondent adds: Cattle disease has broken out in different areas of the district posing great threat to seasonal cultivation.

With outbreak of the disease which is causing large-scale death to cattlehead, shortage of bullocks persisting here beforehand has further aggravated.

About 10,000 cattlehead were killed in the recent devastating flood throughout Chandpur district.

Livestock department sources said for want of preventive medicines, checking of cattle disease not being possible.

07310

### Reported Cattle, Poultry Diseases Denied

54500070 Dhaka *THE BANGLADESH OBSERVER in English* 3 Dec 87 p 8

[Text] The Government has taken adequate measures for the treatment of poultry and livestock as a result of which no epidemic could break out anywhere in the country, reports BSS.

In a Press release issued on Wednesday the Government has contradicted a news item published in some newspapers recently that livestock and poultry diseases have broken out in an epidemic form in different places of the country and that there is an acute shortage of fodder.

The Government has taken proper steps to meet the temporary shortage of fodder as a result of which the situation did not become acute, the Press release said.

Explaining the situation, the Press release said that according to latest statistics available 35,600 cattlehead and 2,17,000 poultry birds were lost in the recent devastating flood. The Government has undertaken necessary steps to make up the loss in this sector. Adequate quantities of medicines, equipment and vaccines have been sent to the flood affected areas where field workers and veterinary doctors are working round the clock. In the meantime, the government has been giving fodder free of cost and distributing poultry at a reduced price among the landless and marginal farmers in the flood-hit areas.

The Government has sanctioned Taka 24.40 lakh as a grant for free distribution of fodder seeds among farmers to increase fodder production in the current season.

Under the overall rehabilitation programme in the livestock sector, a project is being taken at a cost of Taka 691.06 lakh to procure necessary medicine, vaccines, fodder and fodderseeds. Besides, the flood affected poultry farms and artificial insemination centres would be rehabilitated and repaired.

07310

## TANZANIA

### Anthrax Outbreak Causes Quarantine

*Dar es Salaam TANZANIA DAILY NEWS in English*  
1 Dec 87 p 3

[Text] Sumbawanga—Matai Division in Sumbawanga Rural District is on quarantine following the outbreak of anthrax in the region, the Sumbawanga district Livestock Development Officer, Dr Batilana Mafwere, announced over the weekend.

He said under the quarantine, livestock movement to and out of the division is prohibited. Dead animals, he added, should be burnt and buried. Nobody is allowed to send any livestock products without authority of a veterinary surgeon.

/12232

**Foot and Mouth Disease Reported**

45000234b Dar es Salaam TANZANIA DAILY NEWS  
in English 24 Nov 87 p 3

[Text] Sumbawanga—Sumbawanga District in Rukwa  
Region has been put under quarantine following the  
outbreak of foot and mouth disease.

The District Livestock Development Officer, Doctor  
Bakilana Makwere, said in Sumbawanga yesterday that  
animals cannot be moved in or out of the district without  
permission from the Livestock Development Office.

/12232

## BAHAMAS

### Government Outlines Stand on Agricultural Imports

54400050 Nassau *THE TRIBUNE in English*  
15 Dec 87 p 1

[Article by Anthony Forbes]

[Text] About 120,000 citrus seedlings, without a U.S. Department of Agriculture clearance certificate, were imported into the Bahamas this year from the Med-fly infested area of Florida by a U.S.-based company farming in Abaco.

Agriculture, Trade and Industry Minister Ervin Knowles told the House that, contrary to what Government had been led to believe, Florida had not been cleared as being canker-free. The company was advised that all further landings of plants would be prohibited.

The MP for Cat Island said that a further shipment of 40,000 plants arrived in Abaco, but was not landed and the company, B G Harmon (Bahamas) Limited, was ordered to return it to Florida.

Mr Knowles was replying to a charge by Bamboo Town MP Tennyson Wells during debate on the Speech from the Throne that someone at the Ministry of Agriculture had been paid \$40,000 under the table for permission to import 400,000 plants from Florida.

However, Employment and Immigration Minister Alfred Maycock, who formerly held the portfolio of Agriculture, denied at the time that 400,000 citrus plants had been imported into the Bahamas from Florida.

Mr Knowles said that if Mr Wells has proof of a public officer or officers in his ministry collecting funds illegally in the discharge of their public duties, he should take the matter to the police.

Following Mr Knowles' statement, Mr Wells wanted to know how plants got through Customs and past Ministry of Agriculture officers without proper certificates from the U.S. Department of Agriculture.

Mr Knowles replied that it was not a question-and-answer period. He said he would let Mr Wells have a copy of his communication, after which he could table questions that he would like answered.

In a communication read to the House, Mr Knowles said that as a result of his ministry's investigations, Government's position was as follows:

(1) The ban on all importation of citrus, plants, fruits and cuttings from Florida will remain in force. Certified citrus seeds will be allowed in, however, with the approval of the Department of Agriculture;

(2) Where citrus seeds are imported my Ministry will require that they be given the prescribed "hot water treatment" before they are planted;

(3) The plant quarantine, that is, the import restrictions placed on Florida citrus, will be forwarded to the United States Department of Agriculture stating that no citrus plants, fruits or cuttings are allowed in the Bahamas from the State of Florida and that all shipments of citrus from other States in the United States must be accompanied by a Federal Phyto-sanitary Certificate;

(4) All ports of entry in the Bahamas will again be appraised of the fact that citrus plants, fruits and cuttings are not to be allowed into the Bahamas from Florida;

(5) B G Harmon (Bahamas) Limited has been advised that the plants already landed may be planted in a separate and secure area where, among other things, they can be regularly sprayed and monitored. Bahamian agricultural officers, especially trained in the peculiarities of the canker disease, will regularly inspect the trees. The requirements of the Department of Agriculture will have to be implemented and maintained at the company's expense.

Mr Knowles said that in July 1984, approval was granted to B G Harmon, a U.S.-based company, to develop 20,000 acres of land at Abaco into a large-scale citrus operation, with the land being dispensed in lots of 5,000 acres as the development progressed.

"I am advised that in its eagerness to start the project before the winter of 1984, the company purchased over one million seedlings in Florida to be used as nursery stock for propagation," Mr Knowles told the House.

The Minister said that in August 1984, there was an outbreak of citrus canker disease in Florida, and as a result, the Bahamas Department of Agriculture instituted a ban on the importation of citrus plants, fruits and cuttings from Florida.

He said that B G Harmon was thereby forced to prepare seed-beds in Abaco and import citrus seeds from canker-free states to be planted in those seed-beds.

Between 1984 and 1986, he said, B G Harmon suffered a set-back in the development of the project because the company planted seed-beds in low-lying areas, resulting in many plants dying from root rot.

In January 1987, B G Harmon applied to import 150,000 plants from Florida, stating that the seedlings would be accompanied by the relevant documentation from the Florida and U.S. Departments of Agriculture.

Mr Knowles said that the application was approved on 28 January 1987, on information received by the Minister.

"I am advised that only 1,500 of the 150,000 plants were actually imported on that permit on the condition that they were accompanied by the relevant documentation from the Florida and U.S. Departments of Agriculture respectively," Mr Knowles said.

He said that on 5 May 1987, the company made another application to import 400,000 potted citrus seedlings.

This application was approved by the Minister on 26 May 1987, subject to each shipment being accompanied by a U.S. Department of Agriculture phyto-sanitary certificate.

"The import permit was accordingly issued on 1 June 1987, for the 400,000 seedlings and was valid for 7 days on the condition that the seedlings were accompanied by the necessary U.S. Department of Agriculture certifications," Mr Knowles said.

"I am advised that B G Harmon (Bahamas) Limited started the importation of the seedlings on 26 June 1987. Other shipments followed on 2, 8, 16, 23, 27 July and 10 August 1987," he said.

The Minister said that upon information received about the shipments, the Minister instituted investigations in late July 1987, to ascertain the true position.

"The investigations revealed that the appropriate documentation as had been envisaged, i.e., USDA clearance certificate—did not accompany the approximately 120,000 plants that had arrived, nor were the certificates available when they were requested from the company," he said.

"In addition, it was also discovered that Florida had not been cleared as being canker free as the Ministry had been led to believe," he said. "As a result, B G Harmon (Bahamas) Limited was advised that all further landings of plants would be prohibited."

"A shipment of 40,000 plants arrived in Abaco on 14 August 1987, but was not landed and the company was ordered to return it to Florida," the Minister said.

"Investigations continued and after several enquiries, copies of phyto-sanitary certificates from the Florida Department of Agriculture and Consumer Services were ultimately obtained," Mr Knowles said.

"Mr Speaker, I wish to assure Honourable Members that it is my Government's intention to take all necessary precautions to safeguard and protect the development of agriculture in the Bahamas," Mr Knowles said.

"The Member for Bamboo Town spoke of 400,000 plants being imported from Florida but I have been advised that the records show that approximately 120,000 citrus seedlings entered the Bahamas," he said.

He said that in an effort to ascertain the position that would apply generally to Bahamian-grown citrus entering the United States, the opinion of the U.S. Department of Agriculture was sought.

Mr Knowles said that his Ministry was advised that the importation of seedlings from Florida would not automatically stop the export of Bahamian citrus to the United States.

"Any quarantine action taken there would be based upon biological principles," the Minister said.

As for the Med-fly, Mr Knowles told the House that with the assistance of the U.S. Department of Agriculture, a Med-fly surveillance programme had been in operation in the Bahamas since early 1986 and the results had been negative.

/9604

## GUYANA

### Caribbean Plant Quarantine System Established

54400022 Georgetown GUYANA CHRONICLE in English 20 Nov 87 p 5

[Text] San Jose, Costa Rica: (CANA)—A regional system of plant quarantine for Caribbean Community (Caricom) countries is being established by the Inter-American Institute for co-operation on Agriculture (IICA), the Institute announced Wednesday.

Creation of the system was agreed upon by Caricom Agriculture Ministers who approached IICA for technical assistance under its Animal Health and Plant Protection Programme.

The first step will be the setting up of a Regional Committee for Plant Health and Quarantine.

The Committee will include representatives from each Caribbean country who are specialists in this field, representatives from IICA, the University of the West Indies, and the Caribbean Research and Development Institute (CARDI).

Chelston Brathwaite, IICA's Regional Plant Health Specialist, said one of the primary tasks of the Committee will be to organise an information system that will collect data on plant infections.

Brathwaite, noting the importance of agricultural exports to regional economies, said diversification into new export crops must be accompanied by a system that ensures optimum control over disease and infections.

08309

## TANZANIA

### Disease Attacks Cassava Crop

54000045 Dar es Salaam TANZANIA DAILY NEWS in English 26 Dec 87 p 3

[Excerpt] Songea—The Agricultural Development in Ruvuma Region have launched a campaign to fight a crop disease which has attacked cassava plantations in the lake Nyasa area.

The Ruvuma Region's Agricultural Development Officer, Ndugu Gerald Ndimbo, said about 75 percent of crops in the area had been affected. The region has sent several kilogrammes of insecticides and spraying kits to the area.

/9274